


LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 DEC 22 AM 9: 25

with
1/8

1. Name of Limited Partnership		1a. DOCUMENT # A22733		98 DEC 22 AM 9:25 mmh 1/8	
NOVAK FAMILY LIMITED PARTNERSHIP					
Mailing Address		Principal Office Address		3. Date Formed or Registered	
701 PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082		701 PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082		06/12/1936	
				3a. Date of Last Report	
				10/01/1997	
				4. State or Country of Formation	
				MS	
2. Mailing Address		2a. Principal Office Address		5a. Capital Contributions as Shown on record.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$150,000.00	
City & State		City & State		5b. Amount of Capital Contributions in FLORIDA to date:	
Zip		Zip		6. FEI Number	
Country		Country		64-0727150	
				7. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
				<input type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent WRIGHT, DONALD C. 1301 RIVERPLACE BLVD SUITE 1500 JACKSONVILLE FL 32207	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	Zip Code <div style="text-align: center; font-size: 2em; font-weight: bold;">FL</div>
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11.	Name(s) of General Partner(s)	11a.	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number
	NOVAK, WAYNE A. NOVAK, JANE E.		701 PONTE VEDRA BLVD 701 PONTE VEDRA BLVD		PONTE VEDRA BEACH FL PONTE VEDRA BEACH FL		200002738522--6 -01/12/99--01082--011 ****526.25 ****526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE _____

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)