

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 16 PM 12:07

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A23171
THE LOLA M. HAAS FAMILY PARTNERSHIP LTD.	



Mailing Address 1001 N. US HWY. 1, SUITE 801 JUPITER FL 33477	Principal Office Address 1001 N. US HWY. 1, SUITE 801 JUPITER FL 33477	3. Date Formed or Registered 09/05/1986	5a. Capital Contributions as Shown on record. \$5,980,000.00
		3a. Date of Last Report 10/13/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 59-2770044	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country		

9. Name and Address of Current Registered Agent HUNSTON, W. JAY, JR. 515 N. FLAGLER DRIVE SUITE 1900 WEST PALM BEACH FL 33401	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip 33401
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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) L.M. HAAS MANAGEMENT INC THE DORISMAE KERNS TRUST NORMA A. GRIFFIN TRUST	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1001 N. US HWY. ONE, 19669 BEACH ROAD, UNI 1000 N. U.S. HWY, 1,	11b. City, State & Zip Code JUPITER FL 33477 JUPITER ISLAND FL 334 JUPITER FL 33477	11c. Registration/ Document Number J22538 G93081000007 G93063000048
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****\$26.25 ****\$26.25

CR2E003 (8/98)

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

10/28/98

Typed or Printed Name of General Partner Signing Form KENNETH F. KOLAR, PRES L.M. HAAS MGMT Daytime Telephone Number (561) 746-7448