

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandrine M. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

A23664

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 29 PM 4:16

1. Name of Limited Partnership		1a. DOCUMENT # A23664	
All-American Enterprises, Ltd.			
Mailing Address 3001 St. Johns Avenue Jacksonville, FL 32205		Principal Office Address 3001 St. Johns Avenue Jacksonville, FL 32205	
2. Mailing Address 8277 Riding Club Road, East Suite, Apt. #, etc.		2a. Principal Office Address 8277 Riding Club Road, East Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip Country 32256 USA		Zip Country 32256 USA	
3. Date Formed or Registered 11/26/86		5a. Capital Contributions as Shown on record. \$324,311.93	
3a. Date of Last Report 12/22/97		5b. Amount of Capital Contributions in FLORIDA to date: \$324,311.93	
4. State or Country of Formation Florida		6. FEI Number 59-2739805 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent Wiggins, Joe W. Jr. 3001 St. Johns Avenue Jacksonville, FL 32205		10. If changed, new Registered Agent/Office Name Lauren Lucas Hoffman Street Address (P.O. Box Number is Not Acceptable) 8277 Riding Club Road, East Suite, Apt. #, etc. City Jacksonville FL Zip Code 32256	
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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) Lauren Lucas Hoffman DATE Dec. 23, 1998

**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) Lauren Lucas Hoffman	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8277 Riding Club Road, East	11b. City, State & Zip Code Jacksonville, FL 32256	11c. Registration/ Document Number 900002732329-015-5 -01/06/89-01078-015-5 BKL 12/29/98 ****526.25 ****526.25
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**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 Lauren Lucas Hoffman DATE Dec 23, 1998

Typed or Printed Name of General Partner Signing Form Lauren Lucas Hoffman, General Partner Telephone Number (904) 396-4399

CR2E003 (8/98)