

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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 17 AM 11:14

mtm
12/23

1. Name of Limited Partnership	1a. DOCUMENT # A24283
EMG FAMILY LIMITED PARTNERSHIP	



Mailing Address P.O. BOX 1737 NAPLES FL 34106-1737 US	Principal Office Address 470 GULF SHORE BLVD. S. NAPLES FL 34102	3. Date Formed or Registered 03/19/1987	5a. Capital Contributions as Shown on record. \$500,000.00
		3a. Date of Last Report 12/12/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation MD	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 52-1141655	<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 GOLDSMITH, JOHN O 470 GULF SHORE BLVD. S. NAPLES FL 34102	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
--	--

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
GOLDSMITH, THEODORE C.	553 OSPREY POINT RD	CROWNSVILLE MD 21032	
GOLDSMITH, JOHN O.	460 GULF SHORE BLVD S	NAPLES FL 34102	

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 John O. Goldsmith DATE 12/14/98
Typed or Printed Name of General Partner Signing Form JOHN O. GOLDSMITH Daytime Telephone Number 941-435-1908

CR2E003 (8/98)