

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
98 DEC 24 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership		1a. DOCUMENT # A27825	
THE JAY M. MAGGIORE FAMILY LIMITED PARTNERSHIP "B"			
Mailing Address 5619 GULF DRIVE PANAMA CITY BEACH FL 32408		Principal Office Address 5619 GULF DRIVE PANAMA CITY BEACH FL 32408	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 01/26/1989	
		3a. Date of Last Report 12/11/1997	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$66,835.00	
		5b. Amount of Capital Contributions in FLORIDA to date: 66,835.00	
		6. FEI Number 65-0083346	
		7. Certificate of Status Desired \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information) 526.25	

9. Name and Address of Current Registered Agent MAGGIORE, JAY M. 5619 GULF DRIVE PANAMA CITY BEACH FL 32408		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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) MAGGIORE, JAY M.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5619 GULF DRIVE	11b. City, State & Zip Code PANAMA CITY BCH FL	11c. Registration/ Document Number 300002742613--6 -01/14/98--01115--018 ****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. Certified 2530 918 847

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)