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 Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE OLVISION OF CORPORATIONS	
1. Name of Limited Partnership	1a. DOCUME A28369	NT#	99 FEB 23 PM	2: 28
J. PAT CORRIGAN FAMILY LIMITED PARTNERSHIP				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
7150 20th Street. Vero Beach, FL 32966	7150 20th Street Vero Beach, FL 32966		05/19/1989 3a. Date of Last Report 11/19/97	6,452,385.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation Florida	to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		65-0124055 7. Certificate of Status Desired	Not Applicable \$8.75 Additional
Žip Country	Zip Country		8. Make check payable to Dept of	Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				
Robert Jackson 2165 15th Avenue Vero Beach Florida 32960 City Vero 10a. Pursuant to the provisions of sections 620.1051 and 620 192. Florida Statutes, the above named limited partner for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such changing its registered office or registered agent, or both, in the State of Florida.		Street Address (P.O. B. 817 Beach Suite, Apt. #. etc. City Vero Beacl I limited partnership orga	Beach, Florida FL Zip Code 32963 ership organized or registered under the laws of the State of Florida, submits this statement	
agent. I am familiar with, and accept the obligations of section 520-192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment)				2/23/99
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 (Do NOT Use Post Office Box	Partner (Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number
J, Pat Corrigan	7150 20th Street	Vero	Beach, FL 32966 300027 -02/24/ ****52	**************************************
			30002 -02/24 ******	/\$3010 / 7014
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 reported by chapter 620. Florida Statutes.				
SIGNATURE JUST VILL	reef/		DATE 3	83 99
Typed or Printed Name of General Pariner Signing Form	J Kat Corrigan		Daytime Telephone Number 54	1) 94 1-1141

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

FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP SLOBE TARY OF STATE OF VISIONS ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 23 PM 2: 28 DOCUMENT # 1a. 1. Name of Limited Partnership A28369 J. PAT CORRIGAN FAMILY LIMITED PARTNERSHIP 3. Date Formed or Registered **5a.** Capital Contributions as Shown on record Mailing Address Principal Office Address 05/19/1989 7150 20th Street. 7150 20th Street 6,452,385.00 3a. Date of Last Report Vero Beach, FL 32966 Vero Beach, FL 32966 11/19/97 **5b.** Amount of Capitat Contributions in FLORIDA to date 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address Florida Suite, Apt #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 65-0124055 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Zip Country Country 8. Make check payable to. Dept. of State (Soe reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Steve L. Henderson, Esquire Robert Jackson Street Address (P.O Box Number Is Not Acceptable) 817 Beachland Boulevard 2165 15th Avenue Suite. Ant #. etc. Vero Beach, Florida 32960 Vero Beach, Florida 32963 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the taws 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 Vulla Mun SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) City, State & Zip Code 11c. Document Number J. Pat Corrigan 7150 20th Street Vero Beach, FL 32966 300002786073--0 -02/24/98--01077--013 ****526,25 ****\$26.25 30000272507/ -02/24/99--01047 ********,75 *** 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 1 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 Pariner of the limited partnership, receiver or trustee empowered to execute this report as regularly physical control of the same legal effects as if made under oath. I further certify that I am a General Pariner of the limited partnership, receiver or trustee empowered to execute this report as regularly physical control of the limited partnership. Typed or Printed Name of General Patiner Signing Form

J Nat Corrigan