

**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
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FILED
JUN 19 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership MAGUIRE CHILDREN, LTD.		1a. DOCUMENT # A28861
Mailing Address PO BOX 633 ORLANDO FL 32802	Principal Office Address PO BOX 633 ORLANDO FL 32802	
2. Mailing Address 200 E. Robinson St Suite 1250 Orlando FL 32801 USA	2a. Principal Office Address 200 E. Robinson St Suite 1250 Orlando FL 32801 USA	

3. Date Formed or Registered 09/06/1989	5a. Capital Contributions as Shown on record \$10,000.00
3a. Date of Last Report 12/23/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	☐ Applied For ☐ Not Applicable
6. FEI Number 59-2966140	☐ \$8.75 Additional Fee Required
7. Certificate of Status Desired	☐
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MAGUIRE, RAYMER F., JR. 2 SOUTH ORANGE AVE. ORLANDO FL 32802	10. If changed, new Registered Agent/Office Name: Raymer F. Maguire Jr Street Address (P.O. Box Numbers Not Acceptable): 200 E. Robinson St Suite, Apt #, etc: Suite 1250 City: Orlando State: FL Zip Code: 32801
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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: _____

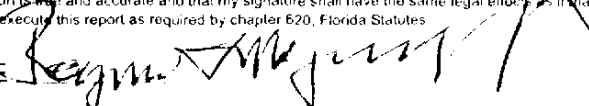
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) RAYMER F. MAGUIRE, JR.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2 SOUTH ORANGE AVE.	11b. City, State & Zip Code ORLANDO FL	11c. Registration Document Number
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SECRETARY OF STATE
JUN 20 PM 4:11
***158.75 ***158.75

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)(4), 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 effect 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:  Typed or Printed Name of General Partner Signing Form: _____	DATE: _____ Daytime Telephone Number: _____
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CR2E003 (9/98)