


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	
1. Name of Limited Partnership THE MAGOWAN FAMILY LIMITED PARTERNSHIP		1a. DOCUMENT # A29324	

FILED
 98 DEC 31 PM 3:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Mailing Address 3100 UNIVERSITY BLVD. SOUTH SUITE 200 JACKSONVILLE FL 32216		Principal Office Address 3100 UNIVERSITY BLVD. SOUTH SUITE 200 JACKSONVILLE FL 32216		3. Date Formed or Registered 12/11/1989	5a. Capital Contributions as Shown on record. \$5,105,288.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$5,105,288.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State		City & State		6. FEI Number 59-2991102	
Zip		Country		7. Certificate of Status Desired <input 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 BROWN, GERALDINE G 3100 UNIVERSITY BLVD. SOUTH SUITE 200 JACKSONVILLE FL 32216		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code FL

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) CAMVEST, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3100 UNIVERSITY BLVD.	11b. City, State & Zip Code JACKSONVILLE FL	11c. Registration/Document Number M71970
500002744995--3 -01/15/99--01120--021 *****526.25 *****526.25			

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 Patricia H. Clarkson

DATE

12/23/98

Typed or Printed Name of General Partner Signing Form

Patricia H. Clarkson

Daytime Telephone Number

904/359-0045

CR2E003 (8/98)