

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 20 AM 10:15



1. Name of Limited Partnership SCOTT FAMILY, LTD.		1a. DOCUMENT # A29474	
Mailing Address P.O. BOX 593298 ORLANDO FL 32859-3298		Principal Office Address 1011 W. LANCASTER ROAD ORLANDO FL 32809	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 12/20/1989		5a. Capital Contributions as Shown on record. \$700,223.00	
3a. Date of Last Report 09/23/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FFI Number 59-2983967 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 SCOTT, BARBARA F. 5926 BENT PINE DRIVE APT. #128 ORLANDO FL 32822		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) SCOTT, BARBARA F.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5926 BENT PINE DRIVE,	11b. City, State & Zip Code ORLANDO FL 32822	11c. Registration/Document Number 8000002357198--9 -11/25/97--01087--014 ****541.25 ****541.25 KW
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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. Required by chapter 620, Florida Statutes.

SIGNATURE

Barbara F. Scott

DATE

11/17/97

Typed or Printed Name of General Partner Signing Form

Barbara F. Scott

Daytime Telephone Number

(407) 859-4390

CR2E003 (5/97)