FILE ON OR BEFORE APRIL 8,1998 TO AVOID

REVOCATION AND \$500 PENALTY FEE LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

SIGNATURE _

ANNUAL REPORT

1998

DOCUMENT#

Malling Address Principal Office Address 249 LONG COVE COURT OVEDO R. 22768 249 LONG COVE COURT OVEDO R. 22768 249 LONG COVE COURT OVEDO R. 22769 249 LONG COVE COURT OVEDO R. 22769 250 Long Address 26. Principal Office Address 26. Principal Office Address 27. Marling Address 28. Principal Office Address 29. Name and Address of Current Registered Agent 20 City & State 20 Country 20 Country 20 Country 20 Country 20 Country 21 Country 21 Country 22 Country 23 December of Carry of Formation R. Principal Office Address 38. The Address of Current Registered Address R. Principal Office Address R.		A30230							
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2. Mailing Address 28. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State To Children and Address of Country Zip Country Registered Agent/Cifice Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Size Code The Large Code is Acceptable (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) Size	2248 LONG COVE COURT	2248 LONG COVE COURT	95-A	je M	06/15/1990				
Applied For	2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	5b. Amor Control to day	int of Capital ibutions in FLORIDA te: 9,595.00		
7. Certificate of sunn pages. 8. Name and Address of Current Registered Apent 10. If changed, new Registered Agent/Office 9. Name and Address of Current Registered Apent 10. If changed, new Registered Agent/Office 10. If changed, new Registered Agent/Office 10. Fig. 1. Street Address (P.O. Box Number is Not Acceptable) Sine April 4. etc. City FL 2p Code 10. Pursuant to the provisions of sections £20.1051 and £20.192. Fiorida 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 is registered agent, or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the depointment of 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, or both. In the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of 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, or both. In the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. Accepting Agental Accepting Appointment of registered agent. Accepting Agent agent appointment of registered agent. Accepting Agent			Suite, Apt. #, etc.			Applied For			
9. Name and Address of Current Registered Agent DAVIS, SHELBY W 2248 LONG COVE COURT OVIEDO FL 32765 Sitest Address (P.O. Box Number is Not Acceptable) Suite, Apl. #, etc. City FL Zip Code 108. Pursuant to the provisions of sections 620.1051 and 620 192. Florida Statuties, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this disterent for the purpose of changing its registered of 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 and familiar with, and accept the obligations of section 620.192. Florida Statuties, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this disterent for the purpose of changing its registered or registered agent. I ameniter with, and accept the obligations of section 620.192. Florida Statuties. State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. But hereby accept the appointment of registered agent. But he florida is stated in State of Florida. Such change was authorized by its general partner (s). I hereby accept the appointment of registered agent. But hereby accept the appoint	City & State	City & State	City & State		7. Certificate of Status Desired				
DAVIS, SHELBY W 2248 LONG COVE COURT OVIEDO FL \$2765 Sitest Address (P.C. Box Number is Not Acceptable) Sute, Apt. #, etc. City FL Zip Code Total purpose of changing its registered core or expisered 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 820.192. Florida Statutes. 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. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) DAVIS, SHELBY W. 2248 LONG COVE COURT OVIEDO FL 32765 SUBJ. (1) State 4 2 DO Colonest Numbers Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Rob hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11907(3)(b), Fiorida Statutes. I release the Division of the provisions of the Division of the provisions and the provisions are in the provisions of the pro	Zip Country	Zip	Country	-	8. 19 a prock payable to: Liegt.		_		
DAVIS, SHELBY W 2248 LONG COVE COURT OVIEDO FL 32765 Site of Address (P.O. Box Number is Not Acceptable) Site of Address (P.O. Box Num	9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office				
Pursuant to the provisions of sections 620,1051 and 620,192. Florida Statules, 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 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 Statules. 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. 11. Name(s) of General Partner(s) 11a. (_C Address of Each General Partner) DAVIS, SHELBY W. 2248 LONG COVE COURT OVIEDO FL 32765 SOURCE STATES A General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. 8 do hereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(t), Florida Statutes. I release the Division of	2248 LONG COVE COURT		Street Address (P.O. Box Number Is Not Acceptable)						
Pursuant to the provisions of sections 620,105 t 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)			City						
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(a) of General Partner(a) 11a. Actiress of Each General Partner 11b. City. State & Zip Code 11c. Registration/Occurrent Number 11b. City. State & Zip Code 11c. Registration/Occurrent Number 11b. City. State & Zip Code 11c. Registration/Occurrent Number 11b. City. State & Zip Code 11c. Registration/Occurrent Number 11d. Occurrent Number 11d. Occurren	for the purpose of changing its registered off	ice or registered agent, or both, in the State of I				the State of Flor			
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Pariner(s) 11a. (Do NOT Use Post Office Box Numbers) DAVIS, SHELBY W. 2248 LONG COVE COURT OVIEDO FL 32765 SCIPICIO 2454405-3 -03/11/83-01110-015 ******550.00 *******550.00 No q: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. 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			LIMITED	PARTI			NESS ENTITY		
DAVIS, SHELBY W. 2248 LONG COVE COURT OVIEDO FL 32765 SIDICIO 2 4 5 4 4 0 5 - 3 -03/11/83 -01110 -015 *****550.00 No q: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. 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	M	UST BE REGISTERED A	ND ACTIV	VE WIT	H THIS OFFICE.	· ····			
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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	DAVIS, SHELBY W.	2248 LUNG COVE CO	IUKI	OVI	500002 -03/1	:454. 17830 550.00	405 —-3 1110015 ****\$50.00		
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									
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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 or	12. do hereby certify that the information supplied	with this filing is voluntarily furnished and does	not qualify for the	exemption s	tated in Section 119.07(3)(k), Florida	Statutes, I rele	ase the Division of		