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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



nis report as required by chapter 620, Florida Statutes.

SIGNATURE X

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A32245

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 NOV 18 AM 9: 15

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BRANDON CONVENIENCE CENTER PARTNERS, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capit	tal Contributions as	
900 NORTH MICHIGAN AVENUE CHICAGO IL 80611	900 NORTH MICHIGAN AVENUE CHICAGO IL 60611			11/20/1991 3a. Date of Last Report 12/31/1997	\$5,182,678-24 5b. Amount of Capital Contributions in FLORIDA to date: \$5,182,678.24		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation			
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			6. FEI Number 36-3796268	Applied For Not Applicable		
				7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country	Zip Country			8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD		Name					
		Street Address (P.O. Box Number Is Not Acceptable)					
PLANTATION FL 33324	Suite, Apt. #, etc.		etc.				
G						Zip Code	
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.							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNE				MEDSUID OD OTHE	2 BHSI	NESS ENTITY	
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	ni Partner ox Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
USC BRANDON, INC.	900 N. MICHIGAN AVE.		CHICAGO IL		F9400003142		
4				2000026 -11/24/9 ****52	952 8010 3.25	828)50001 ****\$26.25	
Note: General partners MAY NOT	he changed on this form	r an ame	ndmen	nt must be filed to che	nge a g	eneral partner	
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)(8) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the compliance with section of the complete of							