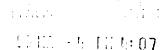
## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham



	1999	Secretary DIVISION OF CO		diadakan Karanta		
1. Name of Limited Partnership		1a. DOCUME <b>A32417</b>	ENT#	• 1	COLLAR CEUT	
NYMAN FAMILY, LTD.						
Mailing Address		Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record.	
200 SOVERIGN COURT		200 SOVERIGN COURT		12/31/1991	\$0.000 405.00	
ALTAMONTE SPRINGS FL 32701		ALTAMONTE SPRINGS FL 32701		3a. Dale of Last Report	\$2,383,105.00	
					5b. Amount of Capital Contributions in FLORIDA	
····- <u>-</u>				4. State or Country of Formation	Contributions In FLORIDA to date:	
2. Mailing Address		2a. Principal Office Address		FL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State		City & State		59-3107811	Not Applicable	
				7. Certificate of Status Desired	\$8.75 Additional	
Zip	Country	Zip	Country	O Mala shark as able to October	\$8.75 Additional Fee Required of State (See reverse side for fee information)	
				O, make crieck payable to: Dept.	or state (see reverse side for fee information)	
9 Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office		
			Name			
NYMAN, ANNE SPINNLER 200 SOVERIGN COURT			Street Address (P.O. Box Number Is Not Acceptable)			
	E SPRINGS FL 32701		Suite, Apt #, etc			
ALIAMOIL	C OF THINGS I E GET OT	City				
			FL ""/"/			
for the p	nt to the provisions of sections 620,1051 and 6 purpose of changing its registered office or regi am familiar with, and accept the obligations of	stered agent, or both, in the State of Florid	l kmited partnership a. Such change wa	organized or registered under the laws of s authorized by its general partner(s). I her	the State of Florida, submits this statement eby accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)				DA1	re	
A GENI	ERAL PARTNER THAT IS MUST	S A CORPORATION, L BE REGISTERED ANI	IMITED PA	ARTNERSHIP OR OTH	ER BUSINESS ENTITY	
<b>11.</b> Name	e(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner 11	b. City, State & Zip Code	11c. Registration/ Document Number	
NYMAN, ANNE SPINNLER		200 SOVERIGN COURT		ALTAMONTE SPNGS FL		
				600002 -03/0 ****	*7d\$151\$16165\$1 \$/9901067008 \$78.75 ****\$26.2\$	

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 Too heavy coming that the information supplied within sting is continuously distributed in december of the partition stated in 3 continuously that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report a required by chapter \$50. Floridal stitutes

SIGNATURE

Donald A. Nyman, as Personal Typed or Printed Name of General Partner Signing Form Representative of Estate