



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 98 FEB -5 AM 11:23	
1. Name of Limited Partnership THE MOORE FAMILY LIMITED PARTNERSHIP I		1a. DOCUMENT # A32446			
Mailing Address % JAMES HANDY MOORE 4035 WEST GULF DRIVE SANIBEL ISLAND FL 33957		Principal Office Address % JAMES HANDY MOORE 4035 WEST GULF DRIVE SANIBEL ISLAND FL 33957		3. Date Formed or Registered 01/03/1982	
2. Mailing Address 4035 W. Gulf Dr.		2a. Principal Office Address 4035 W. Gulf Dr		3a. Date of Last Report 11/07/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation MO	
City & State Sanibel FL.		City & State Sanibel FL.		6. FEI Number 43-1623006 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33957		Zip 33957		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country Lee		Country Lee		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent HAHN, RITA 4015 WEST GULF DRIVE SANIBEL FL 33957				10. If changed, new Registered Agent/Office Name James Handy Moore Street Address (P.O. Box Number is Not Acceptable) 4035 W. Gulf Dr. Suite, Apt. #, etc. City Sanibel, FL. Zip Code FL 33957	
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) <u>James Handy Moore</u> DATE <u>Feb 1, 1998</u>					
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) MOORE, JAMES HANDY MOORE, DOROTHY MATTHEWS		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4035 W GULF DR. 4035 W. GULF DR.		11b. City, State & Zip Code SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957	
				11c. Registration/Document Number 000002432720--7 -02/17/98--01050--015 ****541.25 ****541.25 KWM	
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 <u>Dorothy M Moore</u>		DATE <u>10/20/97</u>		Typed or Printed Name of General Partner Signing Form <u>Dorothy M Moore</u> Daytime Telephone Number <u>941-412-9122</u>	

CR2E003 (6/97)