

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED

98 DEC 24 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership  NEW FLORIDA MARKETS, LTD.		1a. DOCUMENT # A92000000182	
Mailing Address  225 W. FAIRBANKS AVE WINTER PARK FL 32789		Principal Office Address  225 W. FAIRBANKS AVE WINTER PARK FL 32789	
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  12/18/1992	5a. Capital Contributions as Shown on record.  \$150,000.00
3a. Date of Last Report  12/22/1997	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation  FL	6. FBI Number  59-3155916 <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  RUSSO, JOSEPH F 225 W. FAIRBANKS AVE WINTER PARK FL 32789	10. If charged, new Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) 9000002740729--6 Suite, Apt. #, etc. -01/14/99-01003-016 City ****526.25 ****526.25 FL 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.

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
RUSSO FAMILY ENTERPRISES, IN COLE CAPITAL AND CONSULTING,	507 N. NEW YORK AVE., 10440 N. CENTRAL EXPR	WINTER PARK FL 32789 DALLAS TX 75231-2215	P92000004333 F92000000759

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

*Pamela C. Russo*, Pamela C. Russo DATE 12/18/98

Typed or Printed Name of General Partner Signing Form

VICE President, Russo Family, Ltd. Telephone Number 407 740-5580

As a General Partner