


**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
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1. Name of Limited Partnership THE COLLIFLOWER FAMILY PARTNERSHIP, LTD.		1a. DOCUMENT # A92000000257
Mailing Address 2. Mailing Address 220 Edgewater Drive Suite, Apt. #, etc. City & State Coral Gables, FL 33133 Zip Country	Principal Office Address 2a. Principal Office Address 220 Edgewater Drive Suite, Apt. #, etc. City & State Coral Gables, FL 33133 Zip Country	

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3. Date Formed or Registered 12/31/1992	5a. Capital Contributions as Shown on record \$1,309,000.00
3a. Date of Last Report 12/29/1997	5b. Amount of Capital Contributions in FLORIDA to date \$1,309,000.00
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. FEI Number 65-0380033	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 COLLIFLOWER, OWEN 220 Edgewater Drive Coral Gables, FL 33133
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number (S) Not Applicable) Suite, Apt. #, etc. City Zip Code	400012263694-9 -02703799-01065-007 ***526.25 ***526.25 FL
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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) THE COLLIFLOWER FAMILY CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 220 Edgewater Drive	11b. City, State & Zip Code Coral Gables, FL 33133	11c. Registration Document Number P92000014011
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NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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  DATE **12-30-98**

Typed or Printed Name of General Partner Signing Form: **Owen Colliflower** Daytime Telephone Number: **305 667-8672**

CR2E003 (9/98)