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

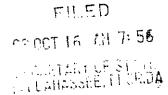
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE.

DOCUMENT# A93000000252

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THE WACGREGOR FAMILY	LIMITED PARTNERS	7947			
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.	
STATE THE PROPERTY STREETS	COTO WITH WELL DIVING VON	670X NVK NURSPBAREX SUREXCX			
SANGSVILLE FL 2005 X X		SAMESHILE SESSOS XX		\$1,000.00	
		_	04/23/1998	5b. Amount of Capital	
				5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address		2a. Principal Office Address			
1420 NW 48th Terrace		1420 NW 48th Terrace			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		Applied For	
City & State	City & State			☐ Not Applicable	
Gainesville, FL		Gainesville, FL		\$8.75 Additional Fee Required	
Zip Country 32605 U.S.	Zip 32605	Country	8 11:1-1-1-1-1-1-1	Fee Required . of State (See reverse side for fee information)	
32000 0.5.	32603	U.S.	O. Make check payable to: Dept	. of State (See reverse side for lee information)	
9. Name and Address of Current Registered Agent		1	10, If changed, new Registered Agent/Office		
MACGREGOR, ALEX M		Name			
		Street Add	Street Address (P.O. Box Number Is Not Acceptable)		
		Sireer Add	Street Auditoss (r.O. Box Number is Not Acceptable)		
GAINESVILLE FL 32605		Suite, Apt. #, etc.			
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of the State of the Statutes.	of Florida. Such chan	ge was authorized by its general partner(s). I he	ereby accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)		N I MITE	===	TE	
A GENERAL PARTNER THA	<u>JST BE REGISTERED</u>	AND ACTIV	VE WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each ((Do NOT Use Post Of		11b. City, State & Zip Code	11c. Registration/ Document Number	
MACGREGOR, ALEX M	1420 NW 48th	CE	GAINESVILLE FL 32605		
MACGREGOR, CHRISTINE A	1420 NW 48th Terrace		GAINESVILLE FL 32605		
			100002	6683614	
			-10/20	0/9801073002 141.25 ****141.25	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 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 exporations 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 employered to execute this report as required by chapter 620, Florida Statutes.