FILE ON C & 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

DOCUMENT# A9300000652

FILED

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SECRETARY UP STATE TALLAHASSEE, FLORIDA

THE BURNER FAMILY LIMITED PARTNERSHIP						
Mailing Address 3605 WEST CYPRESS DRIVE DUNNELLON FL 34433	Principal Office Address 3605 WEST CYPRESS DRIVE FT. MYERS FL 33907			3. Date Formed or Registered 06/21/1993 3a. Date of Last Report	Snov	tal Contributions as yn on record.
2. Mailing Address	2a. Principal Office Address			11/05/1997 4. State or Country of Formation FL		unt of Capital ibutions in FLORIDA to:
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			6. FEI Number 59-3184017		Applied For Not Applicable
Zip Country		Country		7. Certificate of Status Desired 8. Make check payable to: Dept. of S	State (See rev	\$8.75 Additional Fee Required arse side for fee Information)
9. Name and Address of Current F	Registered Agent	Nama		10. If changed, new Registered	Agent/Office	
BURNER, DANIEL F JR. 3605 WEST CYPRESS DRIVE DUNNELLON FL 34433		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code				
10a. Pursuant to the provisions of sections 620,1051 and for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of	gistered agent, or both, in the State of Florida					
SIGNATURE (Registered Agent Accepting Appointment)				DATE_		
A GENERAL PARTNER THAT I	S A CORPORATION, LI BE REGISTERED AND				R BUSI	NESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General F	Partner Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number
BURNER, DANIEL F JR. 3605 WEST CYPRESS DRI		1	DUNNELLON FL 34433			
					/980	3125 1068003 ****141.25
					AL	NOV - 4 1770
Note: General partners MAY NOT	_ 					

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 apd 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.

Typed or Printed Name of General Partner Signing Form

SIGNATURE

F. BURNER,

DATE NOUBLY 13 512 2, 1998

352-489-7232