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

FILED

98 DFC -0 11 0 10

1000	DIVISION OF	CORPORATIONS	D.C 9		
1. Name of Limited Partnership		DOOLINGENET !!		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
SZUMLANSKI FAMILY LIMITED PARTNERSHIP					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1487 SANDCASTLE RD.	1487 SANDCASTLE RD.		09/21/1993	Shown on record.	
SANIBEL FL 33957	SANIBEL FL 33957		3a. Date of Last Report	\$2,200,000.00	
			04/13/1998	5b. Amount of Capital	
0		<u>-</u>	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	Za. Principal Office Address]	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	City & State		Applied For I Not Applicable	
	Ony & Glate	G., 2 G.		\$8.75 Additional	
Zip Country Zip		Country Fee Required 8. Make check payable to Dept. of State (See reverse side for fee informati		Fee Required	
		 			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
SZUMLANSKI, BARRY E		Name			
1487 SANDCASTLE RD.		Street Address (P.O. Box Number is Not Acceptable)			
SANIBEL FL 33957		Suite, Apt. #, etc.			
		City		Zip Code	
10a. Pursuant to the provisions of sections 620.1 for the purpose of changing its registered of agent. I am familiar with, and accept the obi	1051 and 620.192, Florida Statutes, the above-nam fice or registered agent, or both, in the State of Flor igations of section 620.192, Florida Statutes.	ed limited partnership org rida. Such change was au	anized or registered under the laws of the thorized by its general partner(s). I hereby	State of Florida submits this statement	
SIGNATURE (Registered Agent Accepting Appointme			DATE_		
A GENERAL PARTNER THE	HAT IS A CORPORATION, NUST BE REGISTERED AN	LIMITED PAR ID ACTIVE W	TNERSHIP OR OTHER ITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B	al Partner ox Numbers) 11b.	City, State & Zip Code	11c. Registration/	
SZUMLANSKI, BARRY E	1487 SANDCASTLE RD.	SA	NIBEL FL 33957	N (2E003 (8/98)	
SZUMLANSKI, MICHAL	1487 SANDCASTLE RD.	SA	NIBEL FL 33957	L N	
			1 000027 -12/18/9 ****520	158210 801050015 8.25 ****526.25	
Note: General partners MAY N	NOT be changed on this form	n: an amendm	ent must be filed to cha	nge a general partner	
12. I do hereby certify that the information supplied Corporations from any liability of non-compliance	with this filing is votuntarily furnished and does not be with Section 119.07(2)(k) in the event that the in my signature when have the same legal effects as	t qualify for the exemption	stated in Section 119.07(3)(k), Florida Sta ned exempt from public access. I further o er certify that I am a General Partner of the	tutes. I release the Division of	

Exry 5. Szumlanski

_____ Daytime Telephone Number 941-472-9159