


**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 OCT 27 PM 12:16</p> 	
1. Name of Limited Partnership LUCILLA E. KEEN FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A93000001165			
Mailing Address P.O. BOX 1079 LAKE WALES FL 33859-1079		Principal Office Address 130 EAST CENTRAL AVENUE LAKE WALES FL 33859-1079		3. Date Formed or Registered 11/10/1993	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/27/1996	
4. State or Country of Formation FL		5a. Capital Contributions as Shown on record. \$3,698,000.00		5b. Amount of Capital Contributions in FLORIDA to date: 3,698,000.00	
6. FEI Number 59-3128851		<input type="checkbox"/> Applied For <input checked="" 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 MYERS, CORNEAL B 130 EAST CENTRAL AVENUE LAKE WALES FL 33859-1079	10. If changed, new Registered Agent/Office Name: 4000002332644-6 Street Address (P.O. Box Number Is Not Acceptable): 10729/97-01079-004 Suite, Apt. #, etc.: ****541.25 ****541.25 City: FL Zip Code:
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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) KEEN, LUCILLA E KEEN WITTEN, MARY JO	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 441 EAST TILLMAN AVEN DEWEY BONNER RD., RT.	11b. City, State & Zip Code LAKE WALES FL 33853 ALICEVILLE AL 35442	11c. Registration/Document Number 
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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 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 Lucilla E. Keen

DATE 10-21-1997

Typed or Printed Name of General Partner Signing Form Lucilla E. Keen

Daytime Telephone Number 941-696-1295

CR2E003 (6/97)