


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 SARBECK FAMILY PARTNERS, LTD.		1a. DOCUMENT # A93000001326	
Mailing Address 2436 OAKDALE ST. TALLAHASSEE FL 32312	Principal Office Address 2436 OAKDALE ST. TALLAHASSEE FL 32312		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED

98 DEC 31 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Formed or Registered 12/03/1993	5a. Capital Contributions as Shown on record. \$90,000.00
3a. Date of Last Report 12/16/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: See 5a
6. FEI Number 59-3214401	<input type="checkbox"/> Applied For <input 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 COOPER, CHARLES L JR. 3375-A CAPITAL CIRCLE, N.E. TALLAHASSEE FL 32308	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 7000002745167--6 Suite, Apt. #, etc. -01/19/99--01002--018 City ***526.25 FL ***526.25
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SARBECK, L. STEPHEN	2436 OAKDALE ST.	TALLAHASSEE FL 32312	
SARBECK, TERESA L	2436 OAKDALE ST.	TALLAHASSEE FL 32312	

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

DATE

12-23-98

Typed or Printed Name of General Partner Signing Form

L. Stephen Sarbeck

Daytime Telephone Number

850-386-8935

CR2E003 (8/98)