## 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

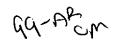
1. Name of Limited Partnership

1a. DOCUMENT # A9400000475

FILED

SCIENTARY AND THE TALL AHASSEE, FLORUM

## INFANTINE FAMILY LIMITED PARTNERSHIP





Malling Address	Principal Office Address		3, Date Formed or Registered	58. Capital Contributions as Shown on record.		
% PEARL D. INFANTINE 8111 BAY COLONY DRIVE. #804 NAPLES FL 34108	% PEARL D. INFANTINE 8111 BAY COLONY DRIVE. #804 NAPLES FL 34108		03/28/1994 3a. Date of Lest Report 10/24/1997	\$100.00  5b. Amount of Capital Contributions InFLORIDA		
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			<u> </u>	Applied For Not Applicable	
City & State	City & State	, , , , , , , , , , , , , , , , , , ,			\$8.75 Additional	
Zip Country	Zip	Zip Country		Fee Required  8, Make check payable to: Dept. of State (See reverse side for fee Information)		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
INFANTINE, <b>PE</b> ARL D 8111 BAY COLONY DRIVE, #804 NAPLES FL <b>339</b> 63		Name				
		Street Address (P.O. Box Number Is Not Acceptable)				
		Sulte, Apt. #, etc.				
		City FL Zip Code				
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligated SIGNATURE (Registered Agent Accepting Appointment)	or registered agent, or both, in the State of Flo tions of section 620.192, Florida Statutes.	ed limited partner rids. Such change	rship organized or registered under the laws of the was authorized by its general partner(s). I herel	by accept the (	ide, submits this statement appointment of registered	
A GENERAL PARTNER THA		LIMITED ID ACTIV	PARTNERSHIP OR OTHE		INESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office I	and Dondson	11b. City, State & Zip Code	11c.	Registration/ Document Number	
INFANTINE, <b>PE</b> ARL D	8111 BAY COLONY DRIVE		NAPLES FL 34108			
•			6000026 -10/17/ ****1	5666 <b>1</b> 9801 41,25	169 001002 ****141.25	
Note: General partners MAY NO	OT be changed on this for	m; an ame	indment must be filed to ch	ange a g	jeneral partner.	

2. 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 920, lionida Statutes.

SIGNATURE \_\_\_

Pearl D

D. INFADY/D Chartime Telephone Nur

110/10 041.597.275