, FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A94000001427



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THE HAMILTON FAMILY (LIMITED PARTNERSHIP		T (1816); 1614 (1611) (1611)	(
Malling Address Principal Office Address 310 JOHN RINGLING BLVD. 310 JOHN RINGLING BLVD. SARASOTA FL 34236 SARASOTA FL 34236			3. Date Formed or Registered 10/24/1994 3a. Date of Last Report 04/27/1998 4. State or Country of Formation FL	5a. Capital Contributions as Shown on record \$370,000.00
2. Mailing Address	2a. Principal Office Address			5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc. City & State	Suite, Apt #, etc. City & State		6, FE±Number 65-0533644	Applied For Not Applicable
Zig Country	Zip Country		7. Certificate of Status Desired 8. Make thesk payable to Dept of	\$8.75 Additional Fee Required State (See reverse side for fee information
9. Name and Address of	Current Registered Agent		10. If changed, new Registered	Agent/Office
HAMILTON, JOSEPH 310 JOHN RINGLING BLVD. SARASOTA FL 34236		Streel Address (P.O. Box Number Is Not Acceptable) Suite Apt #, etc City FL Tip Code The State of Florida, submits this statement.		
for the purpose of changing its registered of	office or registered agent, or both, fin the State of Front blightions of section 620, 192, Frontia Statutes	sa Such change was a	uthorized by its general partner(s). There	by accept the appointment of registered
	MUST BE REGISTERED AN Address of Each General 11a. (Do NOT Use Post Office Box	D ACTIVE V	VITH THIS OFFICE.	11c. Registration/ Document Number
HAMILTON, JOSEPH			SARASOTA FL 34236	Decomentation
			3K	
.			41199	

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). Fionda Statutes 1 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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number