

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 18 PM 3:47



1. Name of Limited Partnership	1a. DOCUMENT # A94000001630
MINNIX, LTD.	

Mailing Address PO BOX 127 OCOOE TN 37361	Principal Office Address 7485 S.W. 122ND STREET MIAMI FL 33156	3. Date Formed or Registered 12/02/1994	5a. Capital Contributions as Shown on record. \$3,000,000.00
		3a. Date of Last Report 11/26/1996	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0536971	
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent MINNIX, WILLIAM H 7485 S.W. 122ND STREET MIAMI FL 33156	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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) MINNIX NURSERY, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7485 S.W. 122ND STREE	11b. City, State & Zip Code MIAMI FL 33156	11c. Registration/ Document Number P94000010546
<p>200002302472--0 -09/24/87--01077--006 ****541.25 ****541.25</p>			KWM

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 *W.H. Minnix* DATE *9/16/97*
Typed or Printed Name of General Partner Signing Form *WILLIAM H. MINNIX* Daytime Telephone Number *423 338 5425*

CR2E003 (6/97)