

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 25 PM 2: 16

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001630

MINNIX, LTD.



Mailing Address

PO BOX 127
OCOE 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

09/18/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0536971

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

MINNIX, WILLIAM H
7485 S.W. 122ND STREET
MIAMI FL 33156

10. If changed, new Registered Agent/Office

Name

400002650434--6

Street Address (P.O. Box Number is Not Acceptable)

09/28/98--0115--002

Suite, Apt. #, etc.

****526.25 ****526.25

City

FL

Zip Code

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

Handwritten signature and initials

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

Handwritten signature of William H. Minnix

DATE

9/22/98

Typed or Printed Name of General Partner Signing Form

W.H. MINNIX

Daytime Telephone Number

423 3385425

CR2E003 (8/98)