

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

FILED

99 MAR 31 AM 11:15



1. Name of Limited Partnership		1a. DOCUMENT # A94000001722	
P. STANLEY FAMILY LIMITED PARTNERSHIP			
Mailing Address 6342 FOREST HLL BLVD. BOX 138 WEST PALM BEACH FL 33415 US		Principal Office Address 6342 FOREST HLL BLVD. BOX 138 WEST PALM BEACH FL 33415 US	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

3. Date Formed or Registered 12/12/1994	5a. Capital Contributions as Shown on record \$1,000.00
3a. Date of Last Report 01/05/1998	5b. Amount of Capital Contributions in FLORIDA to date 1000.00
4. State or Country of Formation FL	6. FEI Number 65-0652865 <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 STANLEY, PAUL 1055 LONGLED TERRACE WEST PALM BEACH FL 33414	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) STANLEY, PAUL	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1055 LONGLED TERRACE	11b. City, State & Zip Code WEST PALM BEACH FL 33	11c. Registration/ Document Number 7000002832497--1 -04/07/99-01033--003 ****141.25 ****141.25 4-7-99
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**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  
Typed or Printed Name of General Partner Signing Form  
DATE 3/26/99  
Daytime Telephone Number 861 746 0022

CR2E003 (12/98)