

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

98 DEC 24 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A95000000076
--------------------------------	--------------------------------

THE CTW FAMILY LIMITED PARTNERSHIP

Mailing Address ADDRESS HAS CHANGED SEE BELOW	Principal Office Address ADDRESS HAS CHANGED SEE BELOW	3. Date Formed or Registered 1/13/1995	5a. Capital Contributions as Shown on record. \$1,559,423.19
2. Mailing Address 703 HAMPTON WOODS LANE SW Suite, Apt. #, etc.	2a. Principal Office Address 703 HAMPTON WOODS LANE SW Suite, Apt. #, etc.	3a. Date of Last Report 12/05/97	5b. Amount of Capital Contributions in FLORIDA to date: \$1,559,423.19
City & State VERO BEACH FL	City & State VERO BEACH FL	4. State or Country of Formation FL	6. FEI Number 65-0537469
Zip 32962	Country USA	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent KLOSHEIM, J. HAROLD 1300 N. FEDERAL HIGHWAY BOCA RATON FL 33432	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 100002743361--3 Suite, Apt. #, etc. -01715799--01021--001 City ****526.25 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
WATSON, CHARLES T	703 HAMPTON WOODS LN SW	VERO BEACH FL 32962	
WATSON, PHYLLIS M	703 HAMPTON WOODS LN SW	VERO BEACH FL 32962	

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

Charles T. Watson

DATE

12/21/98

Typed or Printed Name of General Partner Signing Form

CHARLES T. WATSON

Daytime Telephone Number

CR2E003 (8/98)