

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 28 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A95000000272
ZALAY FIRST FAMILY LIMITED PARTNERSHIP	

Mailing Address 4922 TURTLE CREEK TRAIL OLDSMAR FL 34677	Principal Office Address 4922 TURTLE CREEK TRAIL OLDSMAR FL 34677	3. Date Formed or Registered 02/27/1995	5a. Capital Contributions as Shown on record. \$100.00
		3a. Date of Last Report 01/05/1998	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 59-3480212	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country		

9. Name and Address of Current Registered Agent ZALAY, CLIFFORD I SR. 4922 TURTLE CREEK TRAIL OLDSMAR FL 34677	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) ZALAY, CLIFFORD I SR.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4922 TURTLE CREEK TRA	11b. City, State & Zip Code OLDSMAR FL 34677	11c. Registration/ Document Number 000002740590--1 -01/13/98--01098--023 ***141.25 ***141.25
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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

Clifford I. Zalay, Sr.

DATE

12/23/98

Typed or Printed Name of General Partner Signing Form

CLIFFORD I. ZALAY, Sr.

Daytime Telephone Number

727-181-7111

CR2E003 (6/98)