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

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

1a. DOCUMENT # A9500000374

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -9 PM 4: 17

			-	
OCHE FAMILY PARTNERSHIP, LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
5210 SOUTH ORANGE AVE. ORLANDO FL 32809	5210 SOUTH ORANGE AVE. ORLANDO FL 32609		03/09/1995	\$1,000.00
ORENIODO FE 32805			3a. Date of Last Report 01/22/1998	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 59-3327484	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip Country			Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
ROCHE, SIDNEY J		Street Address (P.O. Box Number Is Not Acceptable)		
5210 SOUTH ORANGE AVE.				<u></u>
ORLANDO FL 32809		Suite, Apt. #, etc.		
		City		FL Zip Code
10a. Pursuant to the provisions of sections 620.1051 and 62 for the purpose of changing its registered office or regis agent, I am familiar with, and accept the obligations of	stered agent, or both, in the State of Florid			
SIGNATURE (Registered Agent Accepting Appointment)	····		DATE	
A GENERAL PARTNER THAT IS MUST	S A CORPORATION, L BE REGISTERED ANI	IMITED PAR' DACTIVE WI	TNERSHIP OR OTHE TH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number
ROCHE, SIDNEY J SR.	5210 SOUTH ORANGE AV		RLANDO FL 32809	
			600002 -12/11: ****1	7105067 /9801091015 41.25 ****141.25 =

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 filling 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 Satutos.