


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 STRATTAN ASSOCIATES, LTD.		1a. DOCUMENT # A95000001110	
Mailing Address 4123 N.W. 46TH AVE. GAINESVILLE FL 32606		Principal Office Address 4123 N.W. 46TH AVE. GAINESVILLE FL 32606	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 07/17/1995 3a. Date of Last Report 12/15/1997 4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$1,200,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 59-3338594 <input type="checkbox"/> Applied For <input checked="" 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)	

FILED
98 DEC 24 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9. Name and Address of Current Registered Agent STRATTAN, C. E. RICK 4123 N.W. 46TH AVE. GAINESVILLE FL 32606	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) STRATTAN, C. E. RICK BACON STRATTAN, NANCY ANN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4123 N.W. 46TH AVE. 4123 N.W. 46TH AVE.	11b. City, State & Zip Code GAINESVILLE FL 32606 GAINESVILLE FL 32606	11c. Registration/Document Number 900002740999--5 -01/14/99-04014-018 ***526.25 ***526.25
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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

C.E. Rick Strattan

DATE

12/21/98

Typed or Printed Name of General Partner Signing Form

C.E. RICK STRATTAN

Daytime Telephone Number

352-375-6822

CR2E003 (8/98)