FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPART Sandra B. I Secretary DIVISION OF CO	Mortham of State PROPATIONS		FILED AN-4 PM 1:00		
1. Name of Limited Partnership	1a. DOCUMENT # A95000001184		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MJE INVESTMENT LIMITED PARTNERSHIP						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
3800 SPRINGHILL BUSINESS PARK	4900 MANATEE AVE W SUITE 201 BRADENTON FL 34209		08/07/1995	}		
MOBILE AL 36608			3a. Date of Last Report	\$1,000.00		
			12/05/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	30 000000000000000000000000000000000000		4. State or Country of Formation	to date:		
Z. Washing Address	2a. Principal Office Address		FL	1000.00		
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc.		6. FEI Number	Applied For		
City & State	City & State		65-0603413	Not Applicable		
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required		
			8. Make check payable to: Dept. of S	ate (See reverse side for fee information)		
9. Name and Address of Current Reg	10. If changed, new Registered	Agent/Office				
Name						
EVANS, MURRY 4900 MANATEE AVENUE, WEST, SUITE 201	Street Address (P.O. Box Number is Not Acceptable)					
BRADENTON FL 34209		Suite, Apt. #, etc.				
		City Zlp Code				
- <u></u>				FL		
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 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 famillar with, and accept the obligations of section 620.192, Florida Statutes.						
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 (Do NOT Use Post Office Bo	Partner Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number		
MJE FAMILY CORPORATION	4900 MANATEE AVENUE,		ADENTON FL 34209	P94000090718		
			2000027 -01/20/ ****282	9901103022		

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 llability 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 indic	ated on
	this annual report is true and accurate and that my signature shell 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 Stalutes.	

SIGNATURE

Typed or Printed Name of General Partner Signing Form

James W. Hartman, III

Daytime Telephone Number 334) 345-7900

CR2E003 (8/98)