

FILE THIS REPORT BEFORE DECEMBER 31, 1999 FOR 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 22 PM 4:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001593**

TK FAMILY LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

2218 KARA CHASE CT  
 SARASOTA FL 34240

2218 KARA CHASE CT  
 SARASOTA FL 34240

3. Date Formed or Registered

10/16/1995

5a. Capital Contributions as Shown on record.

\$250,000.00

3a. Date of Last Report

12/15/1997

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

6. FEI Number

59-3349050

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

9. Name and Address of Current Registered Agent

KUPS, TERRENCE A  
 2218 KARA CHASE CT  
 SARASOTA FL 34240

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

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)

*T.A. Kups*

DATE 12-17-98

**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)

KARA CHASE, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

2218 KARA CHASE CT

11b. City, State & Zip Code

SARASOTA FL 34240

11c. Registration/Document Number

P94000042305

500002738535--5  
 -01/12/99-01082-018  
 \*\*\*\*535.00 \*\*\*\*535.00  
 FEB 10 1999

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 X

*T.A. Kups*

DATE 12-10-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)