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

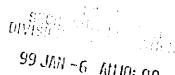
## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS



1. Name of Limited Partnership	1a. DOCUMENT # A95000001744			, (I	with: 00
PAGAN FAMILY LIMITED PARTNERSHIP					
Mailing Address  C/O BROTHWELL  36452 U.S. HWY. 19 NORTH PALM HARBOR FL 34684	Principal Office Address 3224 HARVEST MOON DR. PALM HARBOR FL 34683			3, Date Formed or Registered 11/20/1995 3a. Date of Last Report 01/05/1998	5a. Capital Contributions as Shown on record \$500,000.00
2. Mailing Address Suite, Apt #, etc	2a. Principal Office Address Suite, Apt #, etc		,	4. State or Country of Formation  FL 6. FET Number	5b. Amount of Capital Contributions in Ft ORCA to date  Applied For
City & Stale  Zip Country	City & State Zip Country			59-3346034 7. Certification of Status Desired 8. Make chick payable to Dept of S	Not Applicable  \$8.75 Additional Fee Required (Sec. research for fee information)
9. Name and Address of Current Registered Agent  PAGAN, ROSA M  3224 HARVEST MOON DR.  PALM HARBOR FL 34683  10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above name for the provision of sections 620 1051 and 620 192, Florida Statutes, the above name for the provision of sections 620 1051 and 620 192, Florida Statutes, the above name for the provision of sections 620 1051 and 620 192, Florida Statutes, the above name for the provision of sections 620 1051 and 620 192, Florida Statutes, the above name for the provision of sections 620 1051 and 620 192, Florida Statutes, the above name for the provision of sections 620 1051 and 620 192, Florida Statutes.		10. If Changed, new Registered Agent/Office  Name  Street Address (P.O. Bax Number Is N. if Acceptable)  Super Apt. # etr.  City  FL Zip Code  Id finited partnership organized or registered under the laws of the State of Florida, submits this Statement day Such Change was authorized by its general partner(s). Thereby an ept the appointment of registered.			
agent Lam familiar with, and accept the obligations of section 620 192, Florida Statutes  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
PAGAN, ROSA M	Address of Each General  11a. (Do NOT Use Post Office Bo  3224 HARVEST MOON DE	x Numbers)	11b. PALI	City, State & Ziji Code  M HARBOR FL 34683	11c. Registration Document Number
•				# 10, 11, 10, 14, 12-47 - 017/28, ####\$\$	#5-6#655-t12° /99 01056017 %6.25 ****526.25

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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fixind a Statutes. The leaves the Division of Corporations from any hability 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 trusted empowered to execute this report as required by chapter 620. Florida Statutes

SIGNATURE (LOZ.)

Rosa M. Augan

DATE: 12:31-98
Daytine Telephone Number: 727-785-0517

3R2F003 (8/98)