

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 # A95000002106	

SHEER FAMILY LIMITED PARTNERSHIP I

Mailing Address 2815 SAMARA DRIVE TAMPA FL 33618	Principal Office Address 2815 SAMARA DRIVE TAMPA FL 33618	3. Date Formed or Registered 12/29/1995	5a. Capital Contributions as Shown on record. \$385,000.00
2. Mailing Address 10703 Carrollwood Dr. Suite, Apt. #, etc. Tampa, FL	2a. Principal Office Address 10703 Carrollwood Dr. Suite, Apt. #, etc. Tampa, FL	3a. Date of Last Report 12/17/1997	5b. Amount of Capital Contributions in FLORIDA to date: FL
City & State 33618	City & State 33618	4. State or Country of Formation FL	6. FEI Number 59-3359017
Zip	Country	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)

9. Name and Address of Current Registered Agent SHEER, ALLEN L 2815 SAMARA DRIVE TAMPA FL 33618	10. If changed, new Registered Agent/Office Name 10703 Carrollwood Drive Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. Tampa, FL City Zip Code 33618
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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) ALLEN L SHEER, TRUSTEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2815 SAMARA DRIVE 10703 Carrollwood Drive	11b. City, State & Zip Code TAMPA FL 33618	11c. Registration/ Document Number 400002748904--2 -01/20/98-01115-011 ****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

Allen L Sheer

12/28/98

DATE

Typed or Printed Name of General Partner Signing Form

Allen L Sheer

Daytime Telephone Number **813-932-9400**

CR2E003 (8/98)



FILED
98 DEC 31 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA