


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>1. Name of Limited Partnership</b>  <b>SHEER FAMILY LIMITED PARTNERSHIP I</b>		<b>1a. DOCUMENT #</b> <b>A95000002106</b>	
<b>Mailing Address</b> <del>2815 SAMARA DRIVE</del> <del>TAMPA FL 33618</del>		<b>Principal Office Address</b> <del>2815 SAMARA DRIVE</del> <del>TAMPA FL 33618</del>	
<b>2. Mailing Address</b> <b>10703 Carrollwood Dr.</b> Suite, Apt. #, etc. <b>Tampa, FL</b> City & State <b>33618</b> Zip Country		<b>2a. Principal Office Address</b> <b>10703 Carrollwood Dr.</b> Suite, Apt. #, etc. <b>Tampa, FL</b> City & State <b>33618</b> Zip Country	

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



<b>9. Name and Address of Current Registered Agent</b> <b>SHEER, ALLEN L</b> <del>2815 SAMARA DRIVE</del> <del>TAMPA FL 33618</del>		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>10703 Carrollwood Drive</b> Suite, Apt. #, etc. City <b>Tampa</b> State <b>FL</b> Zip Code <b>33618</b>	
<b>10a.</b> 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	
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>11. Name(s) of General Partner(s)</b> <b>ALLEN L. SHEER, TRUSTEE</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> <del>2815 SAMARA DRIVE</del> <b>10703 Carrollwood Drive</b>	<b>11b. City, State &amp; Zip Code</b> <b>TAMPA FL 33618</b>	<b>11c. Registration/ Document Number</b> <b>400002748904--2</b> <b>-01/20/99--01115--011</b> <b>****526.25 ****526.25</b>

**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*

DATE

12/28/98

Typed or Printed Name of General Partner Signing Form

Allen L. Sheer

Daytime Telephone Number

813-932-9400

CR2E003 (8/96)