

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR 15 PM 4:20

SECRETARY OF STATE



1. Name of Limited Partnership  
1a. DOCUMENT #  
A96000000005

CRR FAMILY LIMITED PARTNERSHIP

Mailing Address  
631 SOUTH ORLANDO AVENUE, SUITE 100  
WINTER PARK FL 32789-7120  
Principal Office Address  
631 SOUTH ORLANDO AVENUE, SUITE 100  
WINTER PARK FL 32789-7120

2. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country  
2a. Principal Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Formed or Registered  
12/29/1995  
3a. Date of Last Report  
09/19/1997  
4. State or Country of Formation  
FL  
5a. Capital Contributions as  
Shown on record  
\$707,813.31  
5b. Amount of Capital  
Contributions in FLORIDA  
to date  
6. FEI Number  
59-3447786  
7. Certificate of Status Desired  
8. Make check payable to: Dept. of State (See reverse side for fee information)  
Applied For  
Not Applicable  
\$8.75 Additional  
Fee Required

9. Name and Address of Current Registered Agent

BALLIETT, HOWARD E  
631 SOUTH ORLANDO AVENUE, SUITE 100  
WINTER PARK FL 32789-7120

10. If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number)  
Suite, Apt. #, etc.  
City  
Zip Code  
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 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ROBINSON, CARL R	985 NINTH AVENUE, S.W	BESSEMER AL 35023	

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

Carl R Robinson

DATE

2/17/99

Typed or Printed Name of General Partner Signing Form

CARL R. ROBINSON

Daytime Telephone Number

205 481 7370

CR2E003 (12/98)