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

LIMITED PARTNERSHIP ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A96000000130

BLAND FAMILY PARTNERS, LTD.

empowered to execute this report as equi-

Typed-or-Printed Name of General Partner Signing Form

SIGNATURE _

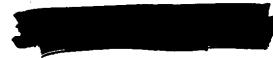
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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

561-467-0096

Daytime Telephone Number



Mailing Address	Principal Office Address		3	3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	
1331 N. LAWNWOOD CIR	1331 N. LAWPWOOD CIR. FORT PIERCE FL 34950			01/19/1996	\$ 2 3 75 000.00		
FORT PIERCE FL 34950			_	3a. Date of Last Report		\$45 1 3 00000	
**************************************				09/30/1998 5b. Amount of Capital Contributions in FLORIDA to date:		nt of Capital butions in FLORIDA	
	2a. Principal Office Address			State or Country of Formation		_	
2. Mailing Address PO BOX 1150				FL	2,375,000		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			65-0631599	Applied For Not Applicable		
Fort Pierre, FL.	City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Fort Pierce, FL- Zip 34954-1150 STLUCIE	Zip Country			8. Make check payable to: Dept. of State (See reverse side for fee information)			
		т		40 11 1 2 2	- 1 1/O4Fice		
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
BLAND, LINDA I				Box Number Is Not Acceptable)			
1331 North Lawnwood CIR.		Street Addres	ss (P.Q. Box				
FORT PIERCE FL 34950	Suite, Apt. #, etc.		, etc.	1			
TOTAL TERROL TE OTOTAL		City		į	FL	Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT I	istered agent, or both, in the State of Fibral section 620.192, Florida Statutes.			DATI	· · · · · · · · · · · · · · · · · · ·		
MUST	BE REGISTERED AN	D ACTIV	E WIT	H THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each Genera	1 Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
BLAND, LINDA I	1331 N. LAWA		FOR	F PIERCE FL 34950			
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The state of the s		. <u>-</u>		• • II =	- <u>-</u>	" * · · ·	
Note: General partners MAY NOT	be changed on this form	n; an am	endmei	nt must be filed to cl	iange a (general partner.	
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with the compliance with th	s filing is voluntarily furnished and does no	t qualify for the	exemption st	ated in Section 119.07(3 (k), Florida	i Statutes, I rele ner certify that t	ease the Division or he information indicated on	

this annual report is true and accurate and the 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

LINDA 1. Bland