## 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

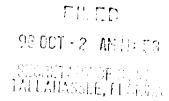
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A9600000161

STAED FAMILY ASSOCIATES, LTD.

99-AR



Malling Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record.	
2025 SOUTH ATLANTIC AVENUE			01/23/1996	\$1,000.00	
DAYTONA BEACH SHORES FL 32118			3a. Date of Last Report		
			10/17/1997	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
			FL		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For	
City & State	City & State		59-3371375	Not Applicable	
			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zlp Country		8. Make check payable to: Dept. of State (See reverse side for fee Information)		
9, Name and Address of Current Registered Agent		Name	10. If changed, new Registered Agent/Office		
BURNETT, RANDOM R 501 NORTH GRANDVIEW AVENUE		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Sulte, Apt. #, etc.	#, elc.		
		City	FL Zip Code		
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. Such change was au	thorized by its general partner(s). I hereby	accept the appointment of registered	
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 (Do NOT Use Post Office Box		City, State & Zip Code	11c. Registration/ Document Number	
B & T FAMILY, INC.	2025 SOUTH ATLANTIC A		AYTONA BEACH SHORES	P <b>95</b> 000096893	
			<b>70</b> 00026 -18/88/9 ****141	55.51 <b>8 1 7</b> 	
Note: General partners MAY NOT	be changed on this form	: an amendm	ent must be filed to cha	nge 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

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

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

Typed or Printed Name of Constal Pedner Circles Form

empowered to execute this repa

SIGNATURE.

Devtime Telephone Number

DATE TO THE