

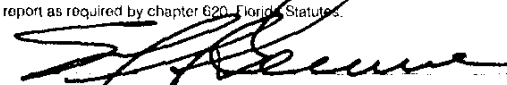


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership GARCIA FAMILY PARTNERSHIP, LTD.		1a. DOCUMENT # A96000000332	
Mailing Address 601 NORTH NEW YORK AVENUE WINTER PARK FL 32789		Principal Office Address 601 NORTH NEW YORK AVENUE WINTER PARK FL 32789	
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 02/16/1996		5a. Capital Contributions as Shown on record. \$990.00	
3a. Date of Last Report 11/18/1996		5b. Amount of Capital Contributions in FLORIDA to date. \$990.00	
4. State or Country of Formation FL		6. FEI Number 59-3391279 APPLIED FOR <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 ATLANTIC COAST MANAGEMENT, INC. 601 NORTH NEW YORK AVENUE WINTER PARK FL 32789		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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
ATLANTIC COAST MANAGEMENT, I	601 NORTH NEW YORK AV	WINTER PARK FL 32789	V44833
500002309395--3 -10/01/97--01/13--003 ****156.25****156.25 9-30			
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  DATE			
Typed or Printed Name of General Partner Signing Form M. A. Garcia, III, Pres. Daytime Telephone Number 407-647-4300			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 29 PM 12:00



CR2E003 (6/97)