## FILE ON OR BEFORE APRIL 8,1998 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

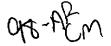
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A. DOCUMENT # **A9600000397** 

THE COLBERT FAMILY PARTNERSHIP, LTD.



FILED 98 APR -8 PM 2: 05 SEGRETARY OF STATES TALLAHASSEE, FLORIDA



Still DEL MONTE CLEWISTON FL 33440	Marking Address	Principal Office Address	3, Date Formed of negistered	Shown on record.
38. Date of Lest Report  27. Melling Address  28. Principal Office Address  28. Principal Office Address  4. State or Country of Formation PL  3. Applied For 55-0647866  3. 000, 000. 00  50lite, Apt. #, etc.  50lite, Apt. #, etc.  50lite, Apt. #, etc.  6. FEI Number 65-0647866  7. Certificate of Status Desired 7. Certificate of Status Desired 7. Certificate of Status Desired 8. Marks check payable to: Dept. of State (See reverse add for fee Information Principal Country)  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  MARTIN, MARY ANN C 511 DEL MONTE  CLEWISTON FL 33440  10. Pursuant to the provisions of sections 620 1001 and 620 192. Fortida Statutios, the above-mand himled partnership organized or registered under the taws of the State of Define, auctrins the statem for the purpose of changing its registered dispert, or both, in the State of Pickida. Such change was authorized by its general partner(t). Therefore, accept the appointment of register of the purpose of changing this registered of section 600 197. Florida Statutes.  10a. Pursuant to the provisions of sections 620 1001 and 620 192. Florida Statution. The State of Pickida. Such change was authorized by its general partner(t). Therefore, accept the appointment of register of the purpose of changing its registered dispert, or both, in the State of Pickida. Such change was authorized by its general partner(t). Therefore, accept the appointment of register of the purpose of changing the registered dispert, or both. In the State of Pickida. Such change was authorized by its general partner(t). Therefore, accept the appointment of register of the purpose of changing the purpose of the appointment of register of the purpose of changing the purpose of the appointment of register of the purpose of changing the purpose of the appointment of register of the purpose of changing the purpose of the appointment of register of the purpose of changing the purpose of the appointment of register of the purpose of the pur			<u> </u>	\$3,000,000.00
2. Mailing Address 28. Principal Office Address 51. Solite, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Name  April Country  Name  Site of Satus Desired  \$2.75 Additional Pee Required  Pee Required  Registered Agent/Office  Site of Address (P.O. Box Number is Not Acceptable)  S	CEMBION PE 3540	CLEMISTON PL 33440		
2. Mailing Address 2. Principal Office Address 5. Sults, Apt. #, etc. 5. Sults, Apt. #, etc. 6. FEI Number 65-0647866 7. Certificate of Status Desired 7. Certificate of Status Desired 7. Certificate of Status Desired 8. Marke check payable to Dest of Status Desired 8. Marke check payable to Dest of Status Desired 8. Marke check payable to Dest of Status Desired 8. Marke check payable to Dest of Status Desired 8. Marke check payable to Dest of Status Desired 8. Marke check payable to Dest of Status Gae reverse side for fee Informs 9. Name MARTIN, MARY ANN C 511 DEL MONTE CLEWISTON FL 33440  10. If changed, new Registered Agent/Office  Name MARTIN, MARY ANN C 511 DEL MONTE Clewistron FL 33440  10. If changed, new Registered Agent/Office  Name Sults, Apt. #, etc04/16/3801104007 City ************************************			4. State or Country of Formation	to date:
City & State  Country  Cou	2. Mailing Address	2a. Principal Office Address		3,000,000.00
City & State  City & State  City & State  City & State  T. Certificate of Status Desired  T. Certificate of	Suite, Apt. #, etc.	Suite, Apt. #, etc.	T	
Pee Required   Registered Agent   Registered   Registered Agent   Registered	City & State	City & State	30 0011 000	Not Applicable
B. Marke check payable to Dept. of State (Soc reverse side for fee informs  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  MARTIN, MARY ANN C  511 DEL MONTE CLEWISTON FL 33440  Street Address (P.O. Box Number is Not Acceptable)  Sulle, Apl. #, etc.			7. Certificate of Status Desired	\$8.75 Additional
MARTIN, MARY ANN C 511 DEL MONTE CLEWISTON FL 33440  Street Address (P.O. Box Number is Not Acceptable)  Sulle, Apt. #, etc04/16/3801104007 City *****\$526.25  Pursuant to the provisions of sections 620,1051 and 620,192. Florida Sistutes, the above-named limited partnership organized or registered under the taws of the State of Florida, such mits this statem for the purpose of changing fits registered differ or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the appointment of state of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the above near a submitted or registered under the taws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered under the taws of the State of Florida. Such change was authorized or registered under the taws of the State of Florida. Such change was authorized or registered under the taws of the State of Florida. Such change was authorized or registered under the taws of the State of Florida. Such change was authorized or registered under	Zip Country	Zip Country	8. Make check payable to: Dept. of	
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MARTIN, MARY ANN C 511 DEL MONTE CLEWISTON FL 33440  Street Address (P.O. Box Number is Not Acceptable)  Sulle, Apt. #, etc04./16./3801104007  City ******526.25  FL *******526.25  Total Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statem 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 register agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  AGENERAL 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. (Do NOT Use Post Office Box Numbers)  COLBERT, MARY TRUSTEE  1705 SOUTH WALNUT  PAUL'S VALLEY OK 7307  BOZARTH, CYNTHIA C TRUSTEE  511 DEL MONTE  COLBERT, MARY  1705 SOUTH WALNUT  PAUL'S VALLEY OK 7307  BOZARTH, CYNTHIA C  6529 CAHOBA DRIVE  FORT WORTH TX 76135	9. Name and Address of Curre		IV. II changed, new Hegistere	а Адепуотнов
Sulte, Apt. #, etc.  -04/16/3801104007  City *****526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  ******526.25  *******526.25  *******526.25  *******526.25  *******526.25  *******526.25  *******526.25  ***********************************	MARTIN, MARY ANN C	* VAILUE		
Sulte, Apit. #, etc.  -04/16/3801104	511 DEL MONTE	Street Ad		
City  ####\$526.25  Total  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 statem 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 register agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  BIGNATURE (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. (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/ Document Number  COLBERT, MARY TRUSTEE  1705 SOUTH WALNUT  PAUL'S VALLEY OK 7307  BOZARTH, CYNTHIA C TRUSTEE  511 DEL MONTE  CILEWISTON FL 33440  COLBERT, MARY  1705 SOUTH WALNUT  PAUL'S VALLEY OK 7307  BOZARTH, CYNTHIA C  6529 CAHOBA DRIVE  FORT WORTH TX 76135  FORT WORTH TX 76135	CLEWISTON FL 33440	Sulte, Ap		
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	COLBERT, MARY	1705 SOUTH WALNUT	PAUL'S VALLEY OK 7307	
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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

Ann C. Martin