

**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
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -9 PM 4: 55



1. Name of Limited Partnership THE COLBERT FAMILY PARTNERSHIP, LTD.		1a. DOCUMENT # A96000000397	
Mailing Address 511 DEL MONTE CLEWISTON FL 33440	Principal Office Address 511 DEL MONTE CLEWISTON FL 33440	3. Date Formed or Registered 02/29/1996	5a. Capital Contributions as Shown on record \$3,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 04/08/1998	5b. Amount of Capital Contributions in FLORIDA to date \$3,000,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0647866 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	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)
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent MARTIN, MARY ANN C 511 DEL MONTE CLEWISTON FL 33440	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 470002840664-9 Suite, Apt. #, etc. -04/15/99-01097-010 City ****526.25 ****526.25 FL Zip Code
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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
COLBERT, MARY TRUSTEE	1705 SOUTH WALNUT	PAUL'S VALLEY OK 7307	
BOZARTH, CYNTHIA C TRUSTEE	6529 CAHOBA DRIVE	FORT WORTH TX 76135	
MARTIN, MARY ANN C TRUSTEE	511 DEL MONTE	CLEWISTON FL 33440	
COLBERT, MARY	1705 SOUTH WALNUT	PAUL'S VALLEY OK 7307	BK 4/9/99
BOZARTH, CYNTHIA C	6529 CAHOBA DRIVE	FORT WORTH TX 76135	
MARTIN, MARY ANN C	511 DEL MONTE	CLEWISTON FL 33440	

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 *Mary Ann C. Martin* MARY ANN C. MARTIN
Typed or Printed Name of General Partner Signing Form *Mary Ann C. Martin*

DATE *2-16-99*

Daytime Telephone Number *941-983-3151*

CR2E003 (12/98)