

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 20 AM 11:47



1. Name of Limited Partnership **1a. DOCUMENT #**
A96000000669

THE CONERBY FAMILY PARTNERSHIP, LTD.

Mailing Address 9032 HUNTINGTON POINTE DRIVE SARASOTA FL 34238		Principal Office Address 9032 HUNTINGTON POINTE DRIVE SARASOTA FL 34238		3. Date Formed or Registered 04/08/1996	5a. Capital Contributions as Shown on record. \$742,500.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 04/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: <i>Same</i>
City & State		City & State		6. FEI Number 65-0659633	
Zip	Country	Zip	Country	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
WATSON, DAVID S 240 SOUTH PINEAPPLE AVE., NINTH FLOOR SARASOTA FL 34238		Name 400002465624--7	
		Street Address (P.O. Box Number is Not Accepted) 93723798--01124--019	
		Suite, Apt. #, etc. ****526.25 ****526.25	
		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
E. LEE CORPORATION	9032 HUNTINGTON POINT	SARASOTA FL 34238	P98000030378

[Signature]
3-20

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 *[Signature]* DATE **3/16/98**
Typed or Printed Name of General Partner Signing Form **Murray E. Conerby** Dorsing Telephone Number **941-466-2299**

CR2E003 (12/97)