FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP

LIMITED PARTNERSHIP ANNUAL REPORT 1999	Sandra B. I Secretary DIVISION OF CO	Mortham of State	SECRETARY OF COR)F STATE PORATIONS	
1. Name of Limited Partnership	1a. DOCUMENT # A 96 000000 673		99 JAN -5 PM 1: 24		
THE LALLER GR	OUP LTD.		001/22		_
2. Mailing Address	Principal Office Address 2343 Cypiess Tallahassee Fe	· -	3. Date Formed or Registered 04/09/1996 3a. Date of Last Report 12/31/1997 4. State or Country of Formation	5a. Capital Contributions as Shown on record. 9 1, 000 000 5b. Amount of Capital Contributions in FLORIDA to date.	
2343 Cypress Cove Vive Suite Apr. 44, etc. [] J. H. J. St. St. FC City & State 32310 USA	Suite, Apt. #, etc.) Tallaha) Le Formation City & State 32310	re Drive L \$ NSA	6. FEI Number 59-335978 7. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required	_
Zip Country 9. Name and Address of Current Re	Zip gistered Agent	Country	Make check payable to Dept. of 10. If changed, new Registered	State (See reverse side for fee information	7
Lauer, Nancy Co	>OK .	Street Address (P.O.B. 2343 Suite, Apt, #, etc.) City	ox Number is Not Acceptable) AP/ESS COVE SSLE	FL Zip Code 32 310	
10a. Pursuant to the provisions of sections 620,1051 and 62 for the purpose of changing its registered office or regi agent 1 am familiar with, and accept the obligations of	stered agent, or both, in the State of Flori		thorized by its general partner(s). I here		
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	Partiner 11b.	City, State & Zip Code	11c. Registration/ Document Number	_
Lauer, Nancy Cook Lauer, Rex W.	2343 Cypiess Gu	} *	112 hassee FC 3231 112 hanne FC 3231	ł	CR2E003 (8/98)
			40002 -01/25, ****1	7549647 /9901051010 41.25 ****141.25	0
Note: General partners MAY NOT b	e changed on this form	an amendme	nt must be filed to cha	nge a general partner	1
12. I do hereby certify that the information supplied with this filling 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 cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as recurred by charge 620, Florida Statutes.					
SIGNATURE Typed or Printed Name of General Partner Signing Form	Langeook C.	mer	DATE DATE DATE	5.580.63/7	
•			en la		

FLORIDA DE STATE