## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNIIAI REPORT



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

CHED

1999	Secretary of State			99 MAR - 4 PM 3: 37		
1. Name of Limited Partnership	1a. A96	1a. DOCUMENT # A9600001186			SECRETARY OF STATE	
MCCUNE FAMILY INVEST	TMENT COMPAI	NY, LTD.	•		1841   1871   1871   1872   1874   1887   1874   1875   1877   1877	
Meiling Address 570 OCEAN DR. #401 JUNO BEACH FL 33408	JUNO BEACH FL 33408  ATER ST. 2a. Principal Office Address 422 WATER ST			3. Date Formed or Registered		
2. Mailing Address 422 WATER 57				4. State or Country of Formation	to date	
Suite, Apt. #, etc.	Suite, Apt. #, etc			6. FEI Number 65-0679767	Applied For Not Applicable	
CEEBRATION F Zip Country 34747	2 CAE6	CAEBRATION 12-		7. Certificate of Status Desired  8. Make check payable to Dept of	\$8.75 Additional Fee Required State (See reverse side for fee information)	
9. Name and Address of	Current Registered Agent			10. If changed, new Registered	Agent/Office	
10a. Pursuant to the provisions of sections 620. for the purpose of changing its registered cagent. I am familiar with, and accept the of SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER T	EBRATTON 34  .1051 and 620.192, Florida Statul office or registered agent, or both bligations of section 620.192, Flor ment)	Suite, A  747  City  tes, the above-named limited print the State of Florida Such or rida Statutes	pl #, etc artnership orga hange was auf	# 字本本生 本字本本生 nized or registered under the laws of the thorized by its general partner(s). I hereb	oy accept the appointment of registered	
11. Name(s) of General Partner(s)	MUST BE REGIS	TERED AND AC	TIVE WI	TH THIS OFFICE.  City, Stale & Zip Code	Registration/	
MCCUNE, INC.	- Too Not Ose Fost Office I		-	UNO BEACH FL 83408. EBPATTION FL 34747	P96000053385	
Note: General partners MAY	NOT be changed	on this form; an a	mendme	3,10-9		
12. I do hereby certify that the information supplie from any liability of non-compliance with Section is true and accurate and that my signature should be execute this report as required by chapter 620	od with this filing is voluntarily furn ion 119.07(3)(k) in the event that all have the same legal effects as	shed and does not qualify for the	e exemption st ned exempt fro	tated in Section 119 07(3)(k), Florida Sta on public access. I forther certify that the	lutes Trelease the Division of Corporations information indicated on this annual report	

SIGNATURE CAURAL VM Canal Typed or Printed Name of General Partner Signing Form EDW ALD J. MCCU1E

Daytime Telephone Number