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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE 7

Typed or Printed Name of General Partner Signing Form

DOCUMENT# 1a.

98 DEC 31 AM 8: 27

,	A96000001248				
THE BRAND FAMILY LIMITED PARTNERSHIP			DUF		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1255 N. GULFSTREAM AVENUE APT. #203 SARASOTA FL 34236	1255 N. GULFSTREAM AVENUE APT. #203 SARASOTA FL 34236		06/28/1996 3a. Date of Last Report 11/14/1997	\$733,040-00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address 340 5 PALM AVE APT 42	2a. Principal Office Address 3405 PALM	AVÉ	4. State or Country of Formation	491, 137	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0686711	Applied For Not Applicable	
City & State SARAS OTA FC	City & State SOTA FL		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	2ip 34236	Country	8, Make check payable to: Dept. of S	State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		· · · · · · · · · · · · · · · · · · ·	10, If changed, new Registered Agent/Office		
for the purpose of changing its registered office or regisered. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	1051 and 620,192, Florida Statutes, the asove-named lim flice or registred opent, or both, in the State of Florida S ligations of section 620,199, Florida Statutes.		Street Address (P.O. Box Number Is Not Acceptable) 3405 PALM AVE APT U42 Suite, Apt. #, etc. City ACA 507 A FL Zip.Code 34236 Ilmited partnership organized or registered under the laws of the State of Florida, submits this statement such change was authorized by its general partner(s). I hereby accept the appointment of registered DATE 12/38/98		
A GENERAL PARTNER THAT IS A CORPORATION, LÌMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	-	City, State & Zip Code	11c. Registration/	
BRAND, ROBERT L	340 S (ALM A 1255 N. GULFSTREAM-A	NE 1412	RASOTA FL 34236		
BRAND, JOAN R	_1255 N. GULFSTREAM A		RASOTA FL 34236		
			-01/21.	7490087 /9901018006 26.25 ****526.25	
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 volvetarily 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) if 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 significant exempts are 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 citagor acc. Florida Statutes.					