

**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
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FILED
98 DEC 17 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership OLD WORLD CRAFTSMEN, LTD.	1a. DOCUMENT # A96000001451
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Mailing Address P.O. BOX 1815 LAKE CITY FL 32056	Principal Office Address P.O. BOX 1815 LAKE CITY FL 32056	3. Date Formed or Registered 08/05/1996	5a. Capital Contributions as Shown on record. \$1,000.00
		3a. Date of Last Report 11/05/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$1000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	4. State or Country of Formation FL	6. FEI Number 59-3385892
		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	<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 GANSKOP, JEFFREY L HIGHWAY 47 SOUTH SOUTHWOOD ACRES SUBDIVISION LAKE CITY FL 32056	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City
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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

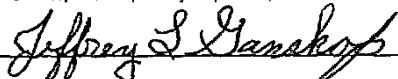
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) GANSKOP, JEFFREY L	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) P.O. BOX 1815 N/A	11b. City, State & Zip Code LAKE CITY FL 32056	11c. Registration/Document Number 
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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



DATE 12/15/98

Typed or Printed Name of General Partner Signing Form

Jeffrey L. Ganskop

Daytime Telephone Number (904) 758-3264

CR2E003 (8/98)