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

LIMITED PARTNERSHIP , ANNUAL REPORT 1999



FLORIDATEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FIL.ED 99 APR 15 AM 9: 21

1. Name of Limited Partnership	1a. DOCUMENT A960000146 9		TURNU PAT IAN FINI PAMADIRAN KAN TURNU BIN	
THE PATTEN FAMILY LIMIT	ED PARTNERSHIP			
Mailing Address 2601 SOUTH ROOSEVELT BLVD., #306 B KEY WEST FL 33040	Principal Office Address 2601 SOUTH ROOSEVELT BLVD. #306 E KEY WEST FL 33040	3a. Dale of Lasi Report 09/05/1997	5a. Capital Contributions as Shown on record \$400,000.00 5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	400,000.00	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	6. FET Number 65-6173370 Applied For Not Applicable		
Zip Country	Zip Country	7. Certificate of Status Desired \$8.75 Ad-litronal Fee Required 8. Make check payable to Dept. of State (See reverse side for fee information		
9. Name and Address of Cur	rent Registered Agent	10. If changed new Registere	d Agent/Olfice	
RICHMAN GUTTENMACHER & BOHA 19 W. FLAGLER STREET, 14TH FLOO MIAMI FL 33130	OR Streel A	Streel Address (F.O. Box Number Is Not Acceptable) Suite Apl #, etc		
for the purpose of changing its registered office	City and 620 192. Florida Statutes, the above-named limited pa or registered agent, or both, in the State of Florida. Such ch			
agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA		DAT ED PARTNERSHIP OR OTH TIVE WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
PATTEN, MARY E	2601 SOUTH ROOSEVELT	KEY WEST FL 33040		
		40 99 ****	3:4:4:5:1 1 7 1.1 22/9901096012 x157.50 ****157.50	
,		1 7 cm m m cm -04/ ****	2 \$4811070 22/9901036013 *377.50 ****377.50	

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 decreed 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 Inhited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Mary & Pattin

Typed or Printed Name of General Partner Signing Form

DATE 4/3/99

Daytime Telephone Number