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

DOCUMENT# A96000001505

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IE V. RAYMOND HULLINGER FAMILY LIMITED	
RTNERSHIP	

ARTNERSHIP						
Mailing Address	Principal Office Address	00		5a. Capital Contributions as Shown on record. \$1,240,349.42		
535 13TH STREET WEST		535 13TH STREET WEST				
BRADENTON FL 34205	BRADENTON FL 34205	DENION FL 34205				
			12/15/1997	5b. Amou Contri	nt of Capital butions in FLORIDA	
<u> </u>	3- 2	-	4. State or Country of Formation	to date	9:	
2. Mailing Address	2a. Principal Office Address		FL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	J	Applied For	
					Not Applicable	
City & State	City & State		65-0696293 7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip	Country	- Section of Canada Book of	Fee Required		
			8. Make check payable to: Dept. of	State (See reve	rse side for fee information)	
9 Name and Address of C	urrent Registered Agent		10. If changed, new Registered	! Agent/Office		
J. Name and Address of C	triatt radiorion vanit	Name ,	TO. II Citaligat, liaw (registered Agent Onice			
HULLINGER, V. RAYMOND		//. K	Kaymond Hullinger			
535 13TH STREET WEST		Street Address (P.O. Box Number Is, Not Acceptable)				
BRADENTON FL 34205		Suite, Apt. #, etc.				
City 79			Zip Code			
		Paln	netto	<u>FL</u>	34221	
agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH	IAT IS A CORPORATION,	LIMITED PAR	DATE			
M	UST BE REGISTERED AN Address of Each Gene	est Borton	· ·		Registration/	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B		City, State & Zip Code	11c.	Document Number	
WAGON WHEEL 88 RANCH, INC.	535 13TH STREET WES	T BR	BRADENTON FL 34205		G06280	
			8000027 -12/14/9 ****52	109, 38-010 6 25 *	489 08021 ****526.25	
Note: General partners MAY N	IOT be changed on this for	m; an amendme	ent must be filed to cha	ange a ge	eneral partner.	
12. I do hereby certify that the information supplied Corporations from any liability of non-compliand this annual report is true and accurate and that empowered to execute this report as required by	e with Section 119.07(3)(k) in the event that the imy signature shall have the same legal effects as y chapter 620, Florida Statutes.	nformation supplied is deer	ned exempt from public access. I further	certify that the the limited partr	information indicated on tership, receiver or trustee	
1/ Km	James and X Till Dic	4.0		12-1	2/98	

SIGNATURE ____

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number