

**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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

98 SEP 28 PM 3:42

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001550**

**THE EMILY A. CASEY FAMILY LIMITED PARTNERSHIP**



Mailing Address  
796 EAST 10TH AVENUE  
NEW SMYRNA BEACH FL 32169

Principal Office Address  
796 EAST 10TH AVENUE  
NEW SMYRNA BEACH FL 32169

3. Date Formed or Registered

08/20/1996

3a. Date of Last Report

09/22/1997

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$500,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$500,000.00

2. Mailing Address

796 E. 10th Ave.

Suite, Apt. #, etc.

New Smyrna Beach, Fl.

City & State

32169

Volusia

Zip

Country

2a. Principal Office Address

796 E. 10th Ave.

Suite, Apt. #, etc.

New Smyrna Beach, Fl.

City & State

32169

Volusia

Zip

Country

6. FEI Number

59-3398421



Applied For



Not Applicable

7. Certificate of Status Desired



\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CASEY, EMILY A  
796 EAST 10TH AVENUE  
NEW SMYRNA BEACH FL 32169

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

CASEY, EMILY A TRUSTEE

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

796 EAST 10TH AVENUE

11b. City, State & Zip Code

NEW SMYRNA BEACH FL 32169

11c. Registration/  
Document Number

59-3398421

500002651655-4

-09/29/98-01062-014

\*\*\*526.25 \*\*\*526.25

*Handwritten signature*

**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

*Handwritten signature of Emily A. Casey*

DATE

9-18-98

Typed or Printed Name of General Partner Signing Form

EMILY A. CASEY

Daytime Telephone Number

904-428-6381

CR2E003 (8/98)