FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



CLARENCE DUDLEY FAMILY LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A96000001744**

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Mailing Address 劉姓劉朝汉列時記一 《ADDSSASSASSASSASSASSASSASSASSASSASSASSAS	Principal Office Address -SMI NICIONAR XMIXOSTATA SITUR		3. Date Formed or Registered 09/20/1996 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$3,545,000.00	
		03/03/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Malling Address 4025 Corinth Lane	2a. Principal Office Address 4025 Corinth Lane		4. State or Country of Formation	to date	
Suite, Apt. #, etc. Lake Park, GA 31636 City & State	Suite, Apt. #, etc. Lake Park, GA 31636 City & State		6. FEI Number 59-3410334	Applied For Not Applicable	
Zip Country	7ip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
			8. Make check payable to: Dopt. of \$	8. Make check payable to: Dopt. of State (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registerod Agont/Office		
BROWN, TOM W 10 N. COLUMBIA STREET LAKE CITY FL 32056		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		City	B. La Sala	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 Gonoral Partnor(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	l Partner ox Numbors)	11b. City, State & Zip Code	11c. Registration/ Document Number	
DUDLEY, JOHN	5011 MARC DRIVE		TAMPA FL 33619		
SUMNER, TONYA KAY	* SAY SHEATAN FIRE		VALDOSTA:GA:31806		
	4025 Corinth	Lane	Lake Park, GA 316	36	
			300002: -12/09 *****	3667733 /8701052012 41.25 ****541.25	

General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 Cyrporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is described in 19.07(3)(k). Corporations from any liability of non-compilance with Section 119.07(3)(k) in the event that the information supplied is decemed exempt from public access. I further certify that the information indicated on the annual report is true and accurate and that my signature shall have the same logal effects as if made under outh. I further certify that I am a General Partner of the limited partnership, receiver or trustee

DATE 9-10-97

Daytime Telephone Number 912-559-7602