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 29 PM 1:49

1. Name of Limited Partnership

1a. DOCUMENT # A96000001758

THE HOEKSTRA FAMILY LIMITED PARTNERSHIP #1

Mailing Address	Principal Office Address
~~899 JEFFREY STREET, APT. 414~~	~~899 JEFFREY STREET, APT. 414~~
~~BOCA RATON FL 33487~~	~~BOCA RATON FL 33487~~

3. Date Formed or Registered: 09/20/1996
3a. Date of Last Report: 11/05/1997
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record.: $1,305,360.00
5b. Amount of Capital Contributions in FLORIDA to date: 1,305,360.00

2. Mailing Address	2a. Principal Office Address
P.O. Box 154	880 Elgin Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
West Chatham	~~Winter Springs, FL 32708~~
City & State	City & State
MA	Winter Springs, FL
Zip / Country	Zip / Country
02669 USA	32708 USA

6. FEI Number: 65-0715503 ☐ 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	10. If changed, new Registered Agent/Office
HOEKSTRA, DOROTHY H ~~899 JEFFREY STREET, APT. 414~~ ~~BOCA RATON FL 33487~~	Name: HOEKSTRA, DOROTHY H. Street Address (P.O. Box Number is Not Acceptable): 880 Elgin Drive Suite, Apt. #, etc.: City: Winter Spgs FL Zip Code: 32708

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
HOEKSTRA, DOROTHY H TRUSTEE	~~899 JEFFREY STREET, A~~ 880 Elgin Drive	~~BOCA RATON FL 33487~~ Winter Springs, FL 32708	
HOEKSTRA, RICHARD H TRUSTEE	~~899 JEFFREY STREET, A~~ 880 Elgin Drive	~~BOCA RATON FL 33487~~ Winter Springs, FL 32708	

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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 9/25/98

Typed or Printed Name of General Partner Signing Form: DOROTHY H. HOEKSTRA Daytime Telephone Number: 508-945-4333

CR2E003 (8/98)