


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 THE SHERIFF FAMILY PARTNERSHIP, LTD.		1a. DOCUMENT # A96000001891		
Mailing Address 400 HIGH POINT DRIVE, SUITE 500 COCOA FL 32926		Principal Office Address 400 HIGH POINT DRIVE, SUITE 500 COCOA FL 32926		3. Date Formed or Registered 10/07/1996
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 01/02/1998
				4. State or Country of Formation FL
				5a. Capital Contributions as Shown on record. \$375,000.00
				5b. Amount of Capital Contributions in FLORIDA to date: <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				6. FEI Number 59-3405604
				7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 VANI, THOMAS A 400 HIGH POINT DRIVE, SUITE 500 COCOA FL 32926		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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number	
S&S REAL ESTATE DEVELOPMENT,	400 HIGH POINT DRIVE, Suite 500	COCOA FL 32926	J53041	
		500002713685--7 -12/15/98--01096--026 ****535.00 ****535.00		
		AL DEC 11 1998		
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 12/7/98		
Typed or Printed Name of General Partner Signing Form THOMAS A. VANI		Daytime Telephone Number (407) 636-0200		

FILED

98 DEC 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (8/98)