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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998

CHURCH FAMILY PARTNERSHIP, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A96000001983

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC -3 AM 11: 29 北1214



Mailing Address 8705 PALM LAKE DRIVE	Principal Office Address  8705 PALM LAKE DRIVE	3. Date Formed or Registered 10/25/1996	5a. Capital Contributions as Shown on record.
ORLANDO FL 32819	ORLANDO FL 32819	3a. Date of Last Report	\$8,000,000.00
		03/20/1997  4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Malling Address	2a. Principal Office Address	FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6, FEI Number	Applied For
City & State	City & State	59-3412893	Not Applicable
Zip Country	Zip Country		\$8.75 Additional Fee Required  State (See reverse side for fee information
		• Make bleck payable to bept. of	State (See tevelse side to lee and main
9. Name and Address of Current Registered Agent		10. If changed, new Registered AgenI/Office	
SAPP, JUDY 8705 PALM LAKE DRIVE ORLANDO FL 32819		Name Streel Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt #, etc.	
	City		FL Zip Code
for the purpose of changing its registered o	051 and 620.192, Florida Statutos, the above-named limited flice or registered agent, or both, in the State of Florida. Suc- ligations of section 620.192, Florida Statutes.		
SIGNATURE (Registered Agent Accepting Appointm	ont) .	DATE	<del>-</del>
	HAT IS A CORPORATION, LIMIT NUST BE REGISTERED AND AC	TIVE WITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	Address of Each General Partner (No NOT Use Post Office Box Number	ers) 11b. Oity, State & Zip Code	11c. Registration/ Document Number
CHURCH'S MARKET, INC.	8705 PALM LAKE DRIVE	ORLANDO FL 32819	574044
		500002 -12/10 *****	: 3681061 9/3701053012 541.25 ****541.25
Note: General partners MAV	NOT be changed on this form: an	amondment must be filed to sh	ongo a goneral northor

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 docmed 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 logal effects as if made under eath. 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 Statulos. SIGNATURE Memory Church

Typed or Printed Name of General Partner Signing Form MEMDAY GHURCH

Daylime Telephone Number , 407-348-5282