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

na. DOCUMENT# A96000001994 SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT -6 PM 4: 11

	A960000018	A96000001994				
HUFFSTETLER FAMILY PARTNERSHIP, LTD.						
Malling Address	Principal Office Address		3, Date Formed or Registered	58. Capital Contributions as Shown on record.		
429 EAST MAGNOUA AVENUE	MAGNOLIA AVENUE 429 EAST MAGNOLIA AVENUE		10/28/1996	l i		
EUSTIS FL 32726	EUSTIS FL 32726		3a. Date of Last Report	- \$6,300,000.00		
			12/10/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to opto.		
E. Mailing Address	Za. Principal Onice Address	Tall I Illiopal Office Address		630000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For		
City & State	City & State		59-3407488	Not Applicable		
Zip Country	Zip C	ountry	7. Certificate of Status Desired	\$8.75 Additional Fee Required		
2.5		2.p Country		8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Cu	Irrent Registered Agent		10. If changed, new Registered	1 AcentiOffice		
		Name	To a divingor, non registros	7-gon/Onio		
PAUL, RICHARD A 429 EAST MAGNOLIA AVENUE		Streel Address (P.O. Box Number Is Not Acceptable)				
EUSTIS FL 32726		Suite, Apt. #, etc.				
		City	· · · · · · · · · · · · · · · · · · ·	Zip Code		
			·•	FL,		
for the purpose of changing its registered offic agent. I am familiar with, and accept the obliga-	·	imited partnership org . Such change was a	uthorized by its g eneral partner(s). I hereb	State of Fiorida, submits this statement y socept the appointment of registered		
SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH.		MITED DAE	DATE DATE	D DIIRINEGO ENTITY		
MU	UST BE REGISTERED AND	ACTIVE W	THE THIS OFFICE.	K BUSINESS ENTITY		
11. Name(s) of General Partner(s)	11a. Address of Each General P	artner Numbers) 11b	, City, State & Zip Code	11c. Registration/ Document Number		
HUFFSTETL E R, LESLIE R., JR.,	3350 COMMERCIAL WAY	s	PRING HILL FL 34606-			
PAUL, RICHARD A TRUSTEE	429 E. MAGNOLIA AVE.	E	USTIS FL 32726			
ROU, ANN H TRUSTEE	2000 COUNTRY CLUB DR.	E	USTIS FL 32726			
HUFFSTETLER, MYRA TRUSTEE	421 SOUTH CENTER STRE	E	USTIS FL 32726	V un 4		
			6000026 -10/07/	5915点片。		

12, I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

****526,25 ****526.25

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 securate 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.

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

SIGNATURE .

m H, Kow

Telephone Number 352 483 - 288