## 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

**DOCUMENT#** A96000002149

FILED 98 DEC 22 AMII: 34 SECRETATION STATE
TALLAHASSEE, FLORIDA

REW	FAMILY	PARTNERSHIP,	LTD.
			<b></b> .

REW FAMILY PARTNERSHIP, L							
Mailing Address 8330 SANDERLING ROAD	Principal Office Address 8330 SANDERLING ROAD			Date Formed or Registered     11/22/1996	5a. Capital Contributions as Shown on record.		
SARASOTA FL 34242 SARASOTA FL 34242			3a. Date of Last Report     12/16/1997      4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:			
2. Mailing Address	2a. Principal Office Address			FL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-3413896		Applied For Not Applicable	
City & State  Zip Country	Zip	City & State  Zip Country		7. Certificate of Status Desired		\$8.75 Additional Fee Required	
2.5 000.1.5	Country			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		
LUBRANO, ANDREW J ESQ.  101 EAST KENNEDY BLVD., SUITE 3700  TAMPA FL 33602			Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.				
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations	gistered agent, or both, in the State of Flori	City ed limited partnered a. Such change	ership organ ge was auth	ized or registered under the laws of the orized by its general partner(s). I hereby	State of Florid accept the ap	Zip Code  a, submits this statement pointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)		<u>———</u>		DATE_			
A GENERAL PARTNER THAT MUST	BE REGISTERED AN	D ACTIV	PART	NERSHIP OR OTHE TH THIS OFFICE.	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
WHITE, R. ELTON 8330 SANDERLING ROAI		)	SARASOTA FL 34242				
WHITE, GORDON ANN	8330 SANDERLING ROAL	8330 SANDERLING ROAD SAF		ARASOTA FL 34242			
•				1000027 -01/08/9 *****52	1351 91-011 91.25 <b>AL</b>	315 196012 ****526.25	
•		;			n.	<b>UAN</b> 6 - 190	
Note: General partners MAY NOT	be changed on this forn	n; an am	endme	nt must be filed to cha	nge a g	eneral partner.	
12. I do hereby certify that the information supplied with thi	s filing is voluntarily furnished and does not	qualify for the	exemption s	tated in Section 119.07(3)(k), Florida St	atutes. I releas	e 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 acce 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
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Typed or Printed Name of General Partner Signing Form