

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 13 PM 4:28



1. Name of Limited Partnership	1a. DOCUMENT # A96000002202
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THE PONCE FAMILY LIMITED PARTNERSHIP

Mailing Address 57 COMARES AVENUE ST. AUGUSTINE FL 32084		Principal Office Address 57 COMARES AVENUE ST. AUGUSTINE FL 32084		3. Date Formed or Registered 12/03/1996	5a. Capital Contributions as Shown on record. \$5,000,000.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 01/27/1997	
City & State		City & State		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date. 5,000,000.-
Zip		Country		6. FEI Number 59-341664-7 APPLIED FOR	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				7. Certificate of Status Desired	<input 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 PONCE, DAVID M 57 COMARES AVENUE ST. AUGUSTINE FL 32084	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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
PONCE, JAMES A., SR., TRUSTE	57 COMARES AVENUE	ST. AUGUSTINE FL 3208	
PONCE, JACQUELINE TRUSTEE	57 COMARES AVENUE	ST. AUGUSTINE FL 3208	
PONCE, JAMES A., SR., TRUSTE	57 COMARES AVENUE	ST. AUGUSTINE FL 3208	
PONCE, JACQUELINE TRUSTEE	57 COMARES AVENUE	ST. AUGUSTINE FL 3208	
PONCE, JAMES A., SR., TRUSTE	57 COMARES AVENUE	ST. AUGUSTINE FL 3208	
PONCE, JACQUELINE TRUSTEE	57 COMARES AVENUE	ST. AUGUSTINE FL 3208	

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 James A. Ponce, Sr. DATE 4-6-98
Typed or Printed Name of General Partner Signing Form James A. Ponce, Sr. Daytime Telephone Number 904/824-8135

CR2E003 (12/97)