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

1a. DOCUMENT # A9600002252

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -7 AM 9:55

BECHTOLD FAMILY LIMITED PARTNERSHIP					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
8133 REGENTS COURT	8133 REGENTS COURT		12/10/1996		
UNIVERSITY PARK FL 34201	UNIVERSITY PARK FL 34201		3a. Date of Last Report	\$2,227,500.00	
			12/31/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
7420 Mayfair Court	7450 Mayfair Co	urt	FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For	
City & State	City & State		65-0701599	Not Applicable	
University Park, FL	University Park,	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
34201 USA	34201	USA	8. Make check payable to: Dept. of	State (See reverse side for fee information)	
Q Name and Address of Current R	9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name				
Name		To. In changed, new registere	10- normigod non regional Agentonica		
BANK OF BOSTON Street		Street Address	ddress (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, et	upt, #, etc.		
SANAGOTA PE 04207		City	1	Zip Code	
		Oity		FL Zp Cool	
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 Genera	i Partner	1b. City, State & Zip Code	11c. Registration/	
BECHTOLD CORPORATION	8133 REGENTS COURT		UNIVERSITY PARK FL 34	P96000083133	
•			9000027 -12/11/ ****\$	* 096391 9801006005 26.25 ****526.25	
r ^e					
•					
Note: General partners MAY NOT b	e changed on this form	ı; an amen	dment must be filed to cha	ange a general partner.	
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 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 change 620, Florida Statutes.					
SIGNATURE SID SUNIAL BE DATE DEL Y, 1998 ENGREPHICA SID SUNIAL BE					
Timed as Differed Name of Concerni Barbara Signifer Form	SID SLYMAL BE			ul) aCi-1213	