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

LIMITED PARTNERSHIP ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

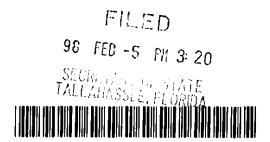
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT # A96000002498

THE WILLIAMS FAMILY PARTNERSHIP, LTD.



Malling Address % RICHARD H. WILLIAMS 615 MAGARTHUR BOULEVARD- 6TUART-FL 93496-	Principal Office Address * RICHARD H. WILLIAMS ***********************************	3. Date Formed or Registered 12/30/1996 38. Date of Last Report 04/17/1997	5a. Capital Contributions as Shown on record 570,000. (Incorrect \$720,000.00 Less Mortgage 5b. Amount of Capital Contributions in FLORIDA to the base of the contributions of
2. Mailing Address 8600 S. Ocean Dr.	2a. Principal Office Address 8600 S. Ocean Dr.	4. State or Country of Formation	to date 580,000.00
Suite, Apt. #, etc. 30 I City & State	Suite, Apt. #, etc. 30 1 City & State	6. FEI Number 65-0718409	Applied For Not Applicable
Jensen Beach, FL Zip Country	Jensen Beach, FL Zip Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
34957	34957	8. Make check payable to: Dept. of State (See reverse alde for fee information)	

 Name and Address of Current Registered Agent 	10. If changed, new Registered Agent/Office
WHITE, CHARLES R. L ESQ	Name
725 NORTH A1A, SUITE E-102	Street Address (P.O. Box Number Is Not Acceptable)
JUPITER FL 33477	Suite, Apt. #, etc.
	City FL Zip Code

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 lis 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)

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 Genoral Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number		
WILLIAMS, RICHARD H WILLIAMS, MARLISE	815 MACARTHUR BOULEVA 8600 S. Ocean Dr. #301 815 MACARTHUR BOULEVA	STUART FL 33496 Jensen Beach, FL 3495 STUART FL 33496	7		
THE WITH HE WAS	8600 S. Ocean Dr. #301	1	7		

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

1 dd 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 rations 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 nual report is true and accurate and that my signature shall have the same legal effects and made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Richard H. Williams

561-288-5001