


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. Moriam Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership VERITY FAMILY PARTNERS, LTD.		1a. DOCUMENT # A97000000073	
Mailing Address Principal Office Address		3. Date Formed or Registered 01/03/1997	5a. Capital Contributions as Shown on record \$555,365.00
2. Mailing Address 19800 U.S. Hwy. Sandpointe Bay One		3a. Date of Last Report 01/22/1998	5b. Amount of Capital Contributions in FLORIDA to date \$1,308,617.80
2a. Principal Office Address 19800 U.S. Sandpointe Bay Hwy. 1		4. State or Country of Formation FL	6. FEI Number 65-0738377
Suite, Apt. #, etc. Unit #301		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State Tequesta, FL		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33469		8. Make check payable to Dept. of State (See reverse side for fee information)	
Country USA			
9. Name and Address of Current Registered Agent Dana D. Braden 1660 Southern Blvd. Suite D West Palm Beach, FL 33406		10. If changed, new Registered Agent/Office Name: Lisa Braden, f/k/a Dana D. Braden Street Address (P.O. Box Number Is Not Acceptable): 1660 Southern Blvd. Suite, Apt. #, etc.: Suite D City: West Palm Beach FL Zip Code: 33406	
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
Verity Enterprises of FL Florida	Sandpointe Bay Unit #301 19800 U.S. Hwy. One	Tequesta, Florida 33469	S21189
9000002763969--0 -02/04/89--01001--013 ****526.25 ****526.25			
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 <i>Austin W. Verity</i> Austin W. Verity, Secretary		DATE DEC 7, 1998 <i>Dorothy H. Verity</i> Dorothy H. Verity, President	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number (561) 744-3327	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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