## 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

this annual report is true at

Typed or Printed Name of General Partner Signing Form

**SIGNATURE** 

DOCLIMENT #

99 JAN -4, AM 8: 13

1 - Name of Limited Partnership	A97000000433					, 0	
ULLRICH FAMILY LIMITED PARTNERSHIP				\$1/20			
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capit	al Contributions as	
817 KELL-AIRE COURT DESTIN FL 32541	817 KELL-AIRE COURT DESTIN FL 32541		ļ	02/19/1997 3a. Date of Last Report 12/18/1997	\$1,925,000.00  5b. Amount of Capital Contributions in FLORIDA		
				4. State or Country of Formation	Contr to dat	butions in FLORIDA e:	
2. Mailing Address	2a. Principal Office Address			FL	1,90	15,000.00	
	Suite, Apt. #, etc.			6. FEI Number 59-3438316	<u> </u>	Applied For Not Applicable	
City & State	City & State		-	7. Certificate of Status Desired		\$8.75 Additional	
Zlp Country	Zip Country			8. Make check payable to: Dept. of S	tate (See reve	Fee Required rse side for fee information)	
		<del></del>					
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
MILLER, J. JEROME ESQ 415 MOUNTAIN DRIVE, SUITE 3		Name Street Address (P.O. Box Number is Not Acceptable)					
DESTIN FL 32541	Suite, Apt. #.		#, etc.	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 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 (Do NOT Use Post Office Box	Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
ULLRICH, INC.	817 KELL-AIRE COURT		DESTIN FL 32541		P96	P96000090956	
				400002750754 -01/22/9901004 ****526.25 ****\$		7546 1004010 ****526.25	
Note: General partners MAY NOT b	e changed on this form	: an am	endme	nt must be filed to cha	nge a g	eneral 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

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 y signature shall have the same legal effects as if made under oath. I further certify that I am a General Pertner of the limited partnership, receiver or trustee