

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
JUN-7 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership:	1a. DOCUMENT # <b>A97000000569</b>
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**DALE A. SUTTHOFF FAMILY LIMITED PARTNERSHIP**

Mailing Address  901 BROWARD AVENUE ORANGE CITY FL 32763	Principal Office Address  901 BROWARD AVENUE ORANGE CITY FL 32763
2. Mailing Address	2a. Principal Office Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered  03/06/1997	5a. Capital Contributions as Shown on record  \$998,037.17
3a. Date of Last Report  03/19/1998	5b. Amount of Capital Contributions in FLORIDA to date  \$998,037.17
4. State or Country of Formation  FL	
6. FEI Number  59-3437183	<input type="checkbox"/> Applied For <input 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  SUTTHOFF, DALE A 901 BROWARD AVENUE ORANGE CITY FL 32763	Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt #, etc.  City  FL Zip Code
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10. If changed, new Registered Agent/Office
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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)  SUTTHOFF, DALE A	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  901 BROWARD AVENUE	11b. City, State & Zip Code  ORANGE CITY FL 32763	11c. Registration Document Number  12/02/98 0012 0001 00000000 00000000
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**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

*[Signature of Dale A. Sutthoff]*

DATE

12/24/98

Typed or Printed Name of General Partner Signing Form: DALE A. SUTTHOFF

Daytime Telephone Number: (904) 775-6706