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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -5 PM 2:36

1. Name of Limited Partnership

1a. DOCUMENT # A97000001087

E & W MORRIS FAMILY PARTNERSHIP, LTD.

Mailing Address	Principal Office Address
4740 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33813	4740 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33813

3. Date Formed or Registered: 05/14/1997

3a. Date of Last Report: 10/06/1997

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $650,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number: 59-3455509 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

9. Name and Address of Current Registered Agent

MEDINA, DANIEL LL.M.
~~4740 CLEVELAND HEIGHTS BLVD.~~
LAKELAND FL 33813

10. If changed, new Registered Agent/Office

Name: Daniel Medina, LLM
Street Address (P.O. Box Number Not Acceptable): 4921 Southfork Drive
Suite, Apt. #, etc.
City: Lakeland FL Zip Code: 33813

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) Daniel Medina DATE 9/28/98

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
EWM MANAGEMENT COMPANY	4740 CLEVELAND HEIGHT	LAKELAND FL 33813	P97000036792

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 Winston Morris, President DATE 12-15-98

Typed or Printed Name of General Partner Signing Form: Winston Morris, President Daytime Telephone Number: (941) 644-3707

CR2E003 (8/98)