

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAY 25 AM 10:22



1. Name of Limited Partnership  MARK K. POPLIN FAMILY, LTD.		1a. DOCUMENT # A97000001127	
Mailing Address 17435 N.W. 85TH AVENUE MIAMI FL 33015		Principal Office Address 17435 N.W. 85TH AVENUE MIAMI FL 33015	
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 05/20/1997	5a. Capital Contributions as Shown on record 10,000 <del>344,000.00</del>
3a. Date of Last Report 04/06/1998	5b. Amount of Capital Contributions in FLORIDA to date 10,000
4. State or Country of Formation FL	6. FEI Number 65-0747020 <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 POPLIN, MARK K 13000 N.W. 45TH AVENUE OPA LOCKA FL 33054	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number, if applicable) Suite, Apt. #, etc. City FL Zip Code
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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) POPLIN, MARK K TRUSTEE POPLIN, KATHRYN L TRUSTEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 17435 N.W. 85TH AVENUE 17435 N.W. 85TH AVENUE	11b. City, State & Zip Code MIAMI FL 33015 MIAMI FL 33015	11c. Registration/Document Number  5-25-99
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)