


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	
1. Name of Limited Partnership FORSYTH FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A97000001231	
2. Mailing Address 1475 WEST CYPRESS CREEK ROAD, SUITE 204 FORT LAUDERDALE FL 33309		3. Date Formed or Registered 06/02/1997	
2a. Principal Office Address 1475 WEST CYPRESS CREEK ROAD, SUITE 204 FORT LAUDERDALE FL 33309		3a. Date of Last Report 12/18/1997	
2. Mailing Address 213 ALLEN DRIVE		4. State or Country of Formation FL	
Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record \$500,000.00	
City & State LAKE LURE N.C.		5b. Amount of Capital Contributions in FLORIDA to date: 17.186	
Zip 28746		6. FEI Number 58-6372002	
Country U.S.A.		APPLIED FOR <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
2a. Principal Office Address 7880 N. UNIVERSITY DRIVE		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. SUITE 100		8. Make check payable to: Dept. of State (See reverse side for fee information)	
City & State TAMPA FL			
Zip 33321			
Country U.S.A.			
9. Name and Address of Current Registered Agent GOLDING, STEPHEN M 1475 WEST CYPRESS CREEK ROAD, SUITE 204 FORT LAUDERDALE FL 33309		10. If changed, new Registered Agent/Office Name WATSON, MICHAEL R. CRA Street Address (P.O. Box Number Is Not Acceptable) 7880 N. UNIVERSITY DR. Suite, Apt. #, etc. SUITE 100 City TAMPA Zip Code FL 33321	
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) [Signature] DATE 12/16/98			
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) FORSYTH MANAGEMENT COMPANY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1475 WEST CYPRESS CRE	11b. City, State & Zip Code FORT LAUDERDALE FL 33	11c. Registration/Document Number P9700004742
7000002793407-7 -03/03/99--01059--006 ****209.05 ****209.05 46 1-2-99			
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] DATE 1-18-99			
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____			

FILED
99 MAR -2 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (8/98)