## 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

**DOCUMENT#** 

FILED

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SECRETARY OF STATE

	A97000001	255	TALLAHASSEE, FLORIDA			
ROBERT E. LANGFORD FAMILY						
Mailing Address	Principal Office Address	<u></u>	3. Date Formed or Registered	5a-cadial Continuing #1:4-4		
C/O ROBERT C. HACKNEY 1155 LOUISIANA AVENUE. SUITE 100 WINTER PARK FL 32789	C/O ROBERT C. HACKNEY 1155 LOUISIANA AVENUE. SUITE 100 WINTER PARK FL 32789		06/06/1997 3a. Date of Last Report 12/26/1997	\$3/403,908.00  5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address C/O Kenneth B. Wheeler Suite, Apt #, etc.	2a. Principal Office Address C/O Kenneth B. Suite, Apt. #, etc.	Wheeler	#4. State or Country of Formation  FL  6. FEI Number  59-3450312	\$3,403,908.00		
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)					
			40 %	FF \$526.25		
9. Name and Address of Current Registered Agent		Name	10. If changed, new Registered			
HACKNEY, ROBERT C WHEELER & HACKNEY, P.A.		Kenneth B. Wheeler, Esq.				
		Street Address (P.O. Box Number is Not Acceptable)  Kenneth B. Wheeler, L.J., M. Tax, P.A.				
1155 LOUISIANA AVENUE, SUITE 100	Suite, Aph #1 etc.		Louisiana Ave, Suite 100			
WINTER PARK FL 32789	City					
		Winte		FL 32789		
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of phanging its registered office agent. Item familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appaintment)	20.192, Florida Statutes, the above-named stered agent, or both, in the State of Florid section 520, 182, Florida Statutes.	limited partnership orga a. Such change was aut	nized or registered under the laws of the horized by its general partner(s). I hereb	e State of Florida, submits this statement by accept the appointment of registered		
A GENERAL PARTNER THAT IS	S A CORPORATION, L BE REGISTERED ANI	IMITED PAR	TNERSHIP OR OTHE	R BUSINESS ENTITY		
11, Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner 446	City, State & Zip Code	11c. Registration/		
ROBERT E. LANGFORD CORPORATI 300 E. NEW ENGLAND AV		200002		P9700046423 ES40572 0/3801024007 78.25 ****526.25		
<b>.</b>				Pus		
Note: General partners MAY NOT	pe changed on this form	; an amendme	ent must be filed to cha	ange a general partner.		
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with Set this annual report is true and accurate and that my signal empowered to execute this mount as required by chapter	filing is voluntarily furnished and does not o sction 119.07(3)(k) in the event that the info ture shall have the same legal effects as if	jualify for the exemption rmation supplied is deer	stated in Section 119.07(3)(k), Florida S ned exempt from public access. I further	itatutes. I release the Division of certify that the information indicated on		

SIGNATURE Sulline Langford Say President