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

	LIMITED PARTNERSHIF ANNUAL REPORT 1999
1.	Name of Limited Partnership



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT#** 

98 DEC 28 PM 2: 47

SECRETARY OF STATE

A9700001369			TALLAHASSEE FLORIDA						
AYLOR FAMILY LIMITED PA									
Mailing Address	Principal Office Address			3. Date Formed or Registered 5a.			Capital Contributions as     Shown on record.		
5506 PENNOCK POINTE ROAD JUPITER FL 33458  5506 PENNOCK POINTE ROAD JUPITER FL 33458				06/23/1997 3a. Date of Last Re 01/14/1998	port	\$297,000.00			
				4. State or Country of	of Formation	∠ «Guan			
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address				\$ 297,000.00			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>		6. FEI Number			Applied For		
City & State	City & State			65-0766731			Not Applicable		
Zip Country	Zip	Country		7. Certificate of State		\$8.75 Additional Fee Required			
<del></del>		<del></del>		8. Make check paya	ble to: Dept. of St	ate (See rever	se side for fee information)		
9. Name and Address of Cu	rrent Registered Agent			10. If changed,	new Registered	Agent/Office			
AYLOR, RONALD L 4442 PINE TREE DRIVE BOYNTON BEACH FL 33436	Stand COO 400 Florida Chables the photography	Street Address (P.O. Box Number Is Not Acceptable).  4419 W. CULBREATH AVE.  Suite, Apt. #, etc.  City TAMPA FL Zip Code 33609							
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 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  DATE  DATE  DATE  DATE  DATE  DESCRIPTION  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.									
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office	rat Partner	11b.	City, State & Zip C		11c.	Registration/ Document Number		
AYLOR, RONALD L	4412 PINE TREE DRIVE	-		NTON-BEACH-EL TAMPA, FL	<b>3360</b> 0027	1445 9901	3411 123002 - ****526.25		
Note: General partners MAY No.  12. I do hereby certify that the information supplied we Corporations from any liability of non-compliance.	with this filing is voluntarily furnished and does now the Section 119.07(3)(k) in the event that the	ot qualify for the information suppl	exemption st ied is deeme	ated in Section 119.07( d exempt from public a	ed to char 3)(k), Florida Sta ccess. I further co	nge a ge	eneral partner.  a the Division of 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  12/25/98									
Typed or Printed Name of General Partner Signing Form	KOMIN L.	4410	12	Daytime Telephone	Number_ 81	3/20	7-0291		

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