FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

MITED PARTNERSHIP ANNUÂL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Moltham

Secretary of State

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

1998	DIVISION	OF CORPORATIO	ns 98 F	EB 16 AM 10: 29	
1. Name of Limited Partnership	¹⁸ A970000	JMENT # 01418	# # # # # # # # # # # # # # # # # # #		
CHARLES A. DEVANE FAMIL').	Y LIMITED PARTNE	RSHIP, LT		5 7 550 00	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
3308 MCFARLANE AVENUE			06/26/1997	\$ 500,000,00	
LAKE CITY FL 32025	LAKE CITY FL 32025		3a. Date of Last Report	\$500,000.00	
			N/A	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	28. Principal Office Addre		4. State or Country of Formalion	io date:	
				500,000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
		<i>,</i>	8. Make check payable to: Dept. of	State (See reverse side for fee information)	
9, Name and Address of Curre	ent Registered Agent		10. If changed, new Registere	ad Agent/Office	
MCDAVID, TERRY		Name			
128 SOUTH HERNANDO STREET	· · · · · · · · · · · · · · · · · · ·		ess (P.O. Box Number Is Not Acceptable)		
LAKE CITY FL 32025		Suite, Apt. (f, etc.	-TV7	
		City		Zip Code	
10a. Pursuant to the provisions of sections 620.1051 a	and 620 192 Florida Statulas the shows	named limited parter	erchin organized or registered under the lower of t	FL State of Florida, submits this statement	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State	of Florida. Such char	ge was authorized by its general partner(s). I her	eby accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)	<u></u>				
A GENERAL PARTNER THAT	TIS A CORPORATION	N, LIMITED	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSINESS ENTITY	
11, Name(s) of General Partner(s)	11a. Address of Each G	eneral Partner	11b. City, State & Zip Code	11c. Registration/ Document Number	
DEVANE, CHARLES A	3306 MCFARLANE A	VENUE	LAKE CITY FL 32025		
		t	400002 - -02/17/ ****S	433344 1 /3801896005 50.00 ****\$50.00	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do he by 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 tions 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 ual 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 Pariner of the limited partnership, receiver or trustee ed to execute this report as required by chapter 620, Florida Stalutes.

Charles a. De Vane

DATE 12-18-97

Sharles A DeVans 904-752,5344