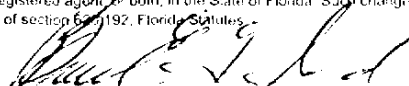
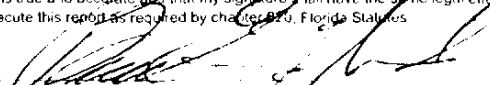


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		12/12/97 12/12/97 12/12/97	
1. Name of Limited Partnership THE BRAT FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A97000001517			
2. Mailing Address 894 AVIARY BAY COURT LONGWOOD FL 32750		Principal Office Address 894 AVIARY BAY COURT LONGWOOD FL 32750		3. Date Formed or Registered 07/10/1997 3a. Date of Last Report 12/12/1997 4. State or Country of Formation FL 6. FEI Number 59-3460316 7. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
2. Mailing Address 9065 St. Andrews Way Suite, Apt. #, etc. City & State Mr. Dora, FL Zip 32757 USA		2a. Principal Office Address 9065 St. Andrews Way Suite, Apt. #, etc. City & State Mr. Dora, FL Zip 32757 USA		5a. Capital Contributions as Shown on record \$28,000.00 5b. Amount of Capital Contributions in FL ORODA to date ☐ Applied For ☐ Not Applicable	
9. Name and Address of Current Registered Agent LYBRAND, BRUCE E 894 AVIARY BAY COURT LONGWOOD FL 32750		10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 9065 St. Andrews Way Suite, Apt. #, etc. City Mr. Dora FL Zip Code 32757			
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). Thereby 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: 12/3/98					
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) LYBRAND, BRUCE E LYBRAND, PATRICIA E		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9065 St. Andrews Way 894 AVIARY BAY COURT 894 AVIARY BAY COURT 9065 St. Andrews Way		11b. City, State & Zip Code Mr. Dora, FL 32757 LONGWOOD FL 32750 LONGWOOD FL 32750 Mr. Dora, FL 32757	
11c. Registration Document Number 		12/12/97 12/12/97 12/12/97			
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 effect 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: 12/31/98					
Typed or Printed Name of General Partner Signing Form: BRUCE E. Lybrand					
Daytime Telephone Number: 401 644-4453					

CR2E003 (8/98)