

**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

FILED
99 JAN 26 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership		1a. DOCUMENT # A97000001711	
APALACHICOLA RENAISSANCE GROUP, LTD.			
Mailing Address	Principal Office Address		
P.O. BOX 519 APALACHICOLA FL 32329	160 AVENUE C APALACHICOLA FL 32329		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc	Suite, Apt. #, etc		
City & State	City & State		
Zip Country	Zip Country		

3. Date Formed or Registered	5a. Capital Contributions as Shown on record
08/01/1997	\$700,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
12/05/1997	FL 450,000
4. State or Country of Formation	<input type="checkbox"/> Applied For
FL	<input type="checkbox"/> Not Applicable
6. FEI Number	7. Certificate of Status Desired
59-3328256	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
VAIL, DEAN 160 AVENUE C APALACHICOLA FL 32329	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City FL Zip Code

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) _____ DATE _____
**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
EARLSTON, INC.	160 AVENUE C	APALACHICOLA FL 32329	F97000004142

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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 *J. Dean Vail III* DATE 12/26/98
Typed or Printed Name of General Partner Signing Form **J. DEAN VAIL III** Daytime Telephone Number 850-653-2053

CR2E003 (8-99)