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 MIE/24

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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|----|-----------------------------|--|
| 1. | Name of Limited Partnership | |

DOCUMENT# A97000001736

| CHUCK & BERNIE HALL | FAMILY PARTNERSHIP, I | LTD. | | | |
|-------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|-------------------------------------|-----------------------------------------------------------|--|
| Mailing Address 7428 WATERSILK DRIVE PINELLAS PARK FL 33782 | Principal Office Address 7428 WATERSILK DRIVE PINELLAS PARK FL 33782 | 7428 WATERSILK DRIVE | | 5a. Capitat Contributions as Shown on record. | |
| | | | 12/23/1997 | 5b. Amount of Capital Contributions in FLORIDA | |
| 2. Mailing Address | Mailing Address 2a. Principal Office Address | | 4. State or Country of Formation | 1 1000,000 PAN | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number 59-3463245 | Applied For Not Applicable | |
| City & State | City & State | | 7. Certificate of Status Desired | \$8.75 Additional | |
| Zip Country | Zip | Country | 8. Make check payable to: Dept. of | Fee Required State (See reverse side for fee information) | |
| 9. Name and Address | of Current Registered Agent | | 10. If changed, new Registere | d Agent/Office | |
| HALL, CHARLES A 7428 WATERSILK DRIVE | | Name Street Address | (P.O. Box Number Is Not Acceptable) | 1 | |

10a. Pursuant to the provisions of sections 620.1051 and 620.195, 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.

City

Suite, Apt. #, etc.

SIGNATURE (Registered Agent Accepting Appointment).

PINELLAS PARK FL 33782

DATE

Zip Code

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

| MOOT BE REGISTERED AND ACTIVE WITH THIS OF TOE. | | | | | | | |
|-------------------------------------------------|---------------------------------------------------------------------------|------------------------------|---------------------------------------------------|--|--|--|--|
| 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 | | | | |
| HALL, CHARLES A | 7428 WATERSILK DRIVE | PINELLAS PARK FL 3378 | | | | | |
| HALL, BERNEIDA K | 7428 WATERSILK DRIVE | PINELLAS PARK FL 3378 | | | | | |
| | | 700026 -11/03/5 ****52 | 7:88:276 3801036005 6-25 ****\$26.25 | | | | |
| 1 | | | | | | | |

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 flability 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.

| SIGNATURI | _ |
|-----------|---|
| | |

Typed or Printed Name of General Partner Signing Form

CHUBLIEL

(727) 547-1189

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