FILE ON OR BEFORE APRIL 8,1998 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998



Zip

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

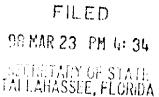
Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

Zip

DOCUMENT # A97000001776

OUISE V. MCCOY FAMILY LIMITED PARTNERSHIP



\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information

	94-A	th l	
Mailing Address 10977 LUNA POINT ROAD TALLAHASSEE FL 32312	Principal Office Address 10977 LUNA POINT ROAD TALLAHASSEE FL 32312	3. Date Formed or Registered 08/18/1997 38. Date of Last Report	58. Capital Contributions as Shown on record.
2. Mailing Address	28. Principal Office Address	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	6. FEI Number 59-3461808	Applied For Not Applicable
		7. Certificate of Status Desired	S8.75 Additional

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office			
MCCOY, LOUISE V	Name			
10977 LUNA POINT ROAD TALLAHASSEE FL 32312	Street Address (P.O. Box Number is Not Acceptable)			
TALLATIASSEE FE 32312	Suite, Apt. #, etc.			
	City Zip Code			

Country

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. AVENT NOT

SIGNATURE (Registered Agent Accepting Appointment)

Name(s) of General Partner(s)

Country

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE 119 Address of Each General Partner Registration/

111	(Do NOT Use Post Office Box Numbers)	11D. Oily, State & Zip Code	Document Number
MCCOY, LOUISE V	10977 LUNA POINT ROAD	TALLAHASSEE FL 32312	
		000002- -03/31, ****14	474170 4 9801103007 11.25 ****141.25

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 trustees empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE	Loui	V.	M	Co
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