

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -5 PM 2:38



1. Name of Limited Partnership

1a. DOCUMENT #
A97000001936

S.M.P., LTD.

Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
4690 U.S. HIGHWAY NO 1 SOUTH ST AUGUSTINE FL 32086	4690 U.S. HIGHWAY NO 1 SOUTH ST AUGUSTINE FL 32086	09/22/1997	\$4,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/26/1998	\$4,000.00
City & State	City & State	4. State or Country of Formation	FL
Zip	Zip	6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country	Country	7. Certificate of Status Desired	<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

CLARK, RONALD E
501 ST. JOHNS AVENUE
PALATKA FL 32177

Name

501 ST. JOHNS AVENUE
PALATKA FL 32177

-01/26/99-01094-007

Suite, Apt. #, etc.

***141.25 ***141.25

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
SCOTT, WINFIELD H	1504 CERVANTES PL	LADY LAKE FL 32159	

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

DATE 12/28/98

Typed or Printed Name of General Partner Signing Form

Winfield H. Scott

Daytime Telephone Number

352-250-4121

0019136

CR2E003 (8/98)