



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 98 DEC 29 AM 9:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Name of Limited Partnership ECKERS FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A97000001983			
Mailing Address C/O ROBERT S. ECKERS 1200 S.E. NINTH AVENUE POMPANO BEACH FL 33060		Principal Office Address 1200 S.E. NINTH AVENUE POMPANO BEACH FL 33060		3. Date Formed or Registered 09/15/1997 3a. Date of Last Report 11/13/1997 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$2,117,750.00 5b. Amount of Capital Contributions in FLORIDA to date: 2,117,750 6. FEI Number 65-0775480 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 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)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		9. Name and Address of Current Registered Agent ECKERS, ROBERT S 1200 S.E. NINTH AVENUE POMPANO BEACH FL 33060	
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 _____		10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ FL Zip Code _____			
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) ECKERS, ROBERT S BABCOCK, LISA 1		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1200 S.E. NINTH AVENUE 21787 LA HIGHWAY #16		11b. City, State & Zip Code POMPANO BEACH FL 3306 DENHAM SPRINGS LA 707 000002747600--1 -01/20/99--01046--007 ***526.25 ***526.25	
11c. Registration/Document Number LTS 1-13		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 <u>Robert S. Eckers</u>		DATE <u>12/22/98</u>		Typed or Printed Name of General Partner Signing Form <u>ROBERT S. ECKERS</u>	
Daytime Telephone Number <u>(954) 943-9217</u>		CR2E003 (8/98)			