

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002068

SEYMOUR R. AND JOAN W. ROSEN FAMILY PARTNERSHIP,
LTD.



Mailing Address 3009 4TH ST. MARIANNA FL 32446		Principal Office Address 3009 4TH ST. MARIANNA FL 32446		3. Date Formed or Registered 09/25/1997		5a. Capital Contributions as Shown on record. \$980,000.00	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/15/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL		6. FEI Number 59-3471260 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		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)	
Zip Country		Zip Country					

9. Name and Address of Current Registered Agent COLEMAN, C. RANDOLPH 9250 BAYMEADOWS ROAD, SUITE 230 JACKSONVILLE FL 32256		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 100002710311--7 Suite, Apt. #, etc. -12/11/98-01080-003 City ****526.25 ****526.25 FL Zip Code	
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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) ROSEN, SEYMOUR R ROSEN, JOAN W	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3009 4TH ST. 3009 4TH ST.	11b. City, State & Zip Code MARIANNA FL 32446 MARIANNA FL 32446	11c. Registration/ Document Number
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)