

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
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 FEB - 1 AM 10: 47

1. Name of Limited Partnership INMAN FAMILY PARTNERSHIP, LTD.	1a. DOCUMENT # A97000002073
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2. Mailing Address 711 W. HARVARD STREET ORLANDO FL 32804	2a. Principal Office Address 711 W. HARVARD STREET ORLANDO FL 32804	3. Date Formed or Registered 09/24/1997	5a. Capital Contributions as Shown on record \$314,619.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date:
City & State	City & State	4. State or Country of Formation FL	
Zip	Country	6. FEI Number 59-3469415	<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 BASSINGER, STEVEN G 711 WEST HARVARD ORLANDO FL 32804
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10. If changed, new Registered Agent/Office Name BASSINGER Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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
INMAN HOLDINGS, INC.	711 HARVARD STREET	ORLANDO FL 32804	P97000079548
100002770601--8 -02/09/99--01125--008 *****526.25 *****526.25			

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

SIGNATURE *Carolyn W. Inman, PRESIDENT INMAN HOLDINGS INC.* DATE *12.28.98*

Typed or Printed Name of General Partner Signing Form *CAROLYN W INMAN* Daytime Telephone Number *407 422-5831*

CR2E003 (8/98)