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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999

Typed or Printed Name of General Partner Signing Form



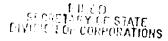
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # A9700002140



90 MAR -8 AM 10: 36

		L						
LOMBERG FAMI	ILY PARTNESI	HIP, LTD. 99	· AR					
ailing Address		Principal Office Address			3. Date Formed or Registered	5a. Capi	tal Contributions as	
10594 NORTH DAWNFLOWER POINT CRYSTAL RIVER FL 34428		10594 NORTH DAWNFLOWER POINT Crystal River FL 34428			10/03/1997			
				3a. Date of Last Report		\$2,500,000.00		
					10/10/1997	5b. Amo	unt of Capital	
)		20 0: : 10% 144			4. State or Country of Formation	to da	ributions in FLORIDA	
2. Mailing Address		2a. Principal Office Address		FL				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. FEI Number 59-347	Applied For		
City & State		City & State			AP-PLIED FOR		Not Applicable	
Zip Country					7. Certificate of Status Desired S8.75 Additional Fee Required			
		Zip Country		8. Make check payable to Dept of State (See reverse side for fee information				
					40			
9. Name and Address of Current Registered Agent			10, If changed, new Registered Agent/Office Name					
BLOMBERG, GERARD			Street Addr	ess (P.O. Box	Number Is Not Acceptable)			
10594 NORTH DAWNE								
CRYSTAL RIVER FL 34			Suite, Apt A					
CRYSTAL RIVER FL 34	428	370 192 Florida Statutes the above on	Suite, Apl. #	F, etc		FL	Zip Code	
CRYSTAL RIVER FL 34 10a. Pursuant to the provision for the purpose of chang agent. I am familiar with,	428 Is of sections 620,1051 and thing its registered office or reginal accept the obligations of the coepting Appointment) RTNER THAT I	520,192, Florida Statutes, the above-na jistered agent, or both, in the State of F I section 620 192, Florida Statutes	Suite, Apl. A City amed limited partner florida. Such chang	r, etc	ad or registered under the laws of the zed by its general partner(s). I here DATE JERSHIP OR OTHE	he State of Flori by accept the a	da, submits this statemen ppointment of registered	
CRYSTAL RIVER FL 34 10a. Pursuant to the provision for the purpose of chang agent. I am familiar with, SIGNATURE (Registered Agent A GENERAL PA	ns of sections 620, 1051 and the inglist registered office or registered of the obligations of the company of t	istered agent, or both, in the State of F rection 620 192, Florida Statutes S A CORPORATION BE REGISTERED A	Suite, Apl & City amed limited partner florida Such chang , LIMITED	s, etc ership organize e was authori PARTN E WITH	DATE SERSHIP OR OTHE THIS OFFICE.	he State of Flori by accept the a	da, submits this statemer ppointment of registered NESS ENTIT Registration/	
CRYSTAL RIVER FL 34 10a. Pursuant to the provision for the purpose of chang agent. I am familiar with,	ns of sections 620, 1051 and the inglist registered office or registered of the obligations of the company of t	istered agent, or both, in the State of F f section 620 192, Florida Statutes S A CORPORATION BE REGISTERED A	Suite, Apl & City amed limited partner florida Such chang , LIMITED	r, etc	ad or registered under the laws of the zed by its general partner(s). I here DATE JERSHIP OR OTHE	he State of Flori by accept the a	da, submits this statemer ppointment of registered	
CRYSTAL RIVER FL 34 10a. Pursuant to the provision for the purpose of chang agent. I am familiar with, SIGNATURE (Registered Agent A GENERAL PA	ns of sections 620 1051 and the sections 620 1051 and the sections 620 1051 and the section of the obligations of the section	istered agent, or both, in the State of F rection 620 192, Florida Statutes S A CORPORATION BE REGISTERED A	Suite, Apl. & City amed limited partne Florida Such chang , LIMITED ND ACTIV neral Partner B Box Numbers)	petc PARTN E WITH	DATE SERSHIP OR OTHE THIS OFFICE.	he State of Flori by accept the a	da, submits this statemer ppointment of registered NESS ENTIT Registration/	
CRYSTAL RIVER FL 34 10a. Pursuant to the provision for the purpose of chang agent. I am familiar with, GIGNATURE (Registered Agent A A GENERAL PA 11. Name(s) of General Pa	ns of sections 620 1051 and the sections 620 1051 and the sections 620 1051 and the section of the obligations of the section	stered agent, or both, in the State of F section 620 192, Florida Statutes S A CORPORATION BE REGISTERED A 11a. (Do NOT Use Post Office	Suite, Apl & City amed limited partner lorida Such chang , LIMITED ND ACTIV neral Partner B Box Numbers)	PARTN/E WITH	DATE SERSHIP OR OTHE THIS OFFICE. City, State & Zip Code	he State of Flori by accept the a	da, submits this statemer ppointment of registered NESS ENTIT Registration/	

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 | release the Division of

Gerard D. Blomberg

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

DATE Rosember 22 1990