

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  
98 DEC 14 AM 9:37

1. Name of Limited Partnership	1a. DOCUMENT # <b>A97000002149</b>
<b>DUKE FAMILY RANCH LIMITED PARTNERSHIP</b>	



Mailing Address ATTN: MRS. JOANNE H. DUKE 11050 OLD TAMPA ROAD PARRISH FL 34219	Principal Office Address ATTN: MRS. JOANNE H. DUKE 11050 OLD TAMPA ROAD PARRISH FL 34219	3. Date Formed or Registered <b>10/02/1997</b>	5a. Capital Contributions as Shown on record. <b>\$4,000,000.00</b>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report <b>04/08/1998</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>4,000,000.00</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation <b>FL</b>	6. FEI Number <b>65-0786347</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> APPLIED FOR
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	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 <b>PORGES, GREGORY J C/O HARLLEE/PORGES/HAMLIN/KNOWLES/BALD &amp; 1205 MANATEE AVENUE WEST BRADENTON FL 34205</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
DUKE, JOSEPH E	11050 OLD TAMPA RD.	PARRISH FL 34219	
DUKE, JOANNE H	11050 OLD TAMPA RD.	PARRISH FL 34219	
DUKE, JOSEPH E JR.	4807 1ST AVENUE DRIVE	BRADENTON FL 34209	
CHESTON, LAURA GRACE	105 LUDGATE COURT	MORRISVILLE NC 27560	
DUKE, SUSAN DIANE	4703 KIN ROSS COURT	VALRICO FL 33594	
MORRISON, DONNA ELIZABET	4407 WATROUS AVENUE	TAMPA FL 33629	

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 *Joanne H. Duke* DATE 12/8/98  
Typed or Printed Name of General Partner Signing Form Joanne H. Duke Daytime Telephone Number 941 776 2552

CR2E003 (8/98)