

**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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 21 PM 3:05

1. Name of Limited Partnership

**1a. DOCUMENT #
A97000002168**

PEEBLES FAMILY LIMITED PARTNERSHIP

Mailing Address

P.O. BOX 38
WILDWOOD FL 34785

Principal Office Address

P.O. BOX 38
WILDWOOD FL 34785

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

10/08/1997

3a. Date of Last Report

12/30/1997

4. State or Country of Formation

FL

6. FEI Number

59-3471888

7. Certificate of Status Desired

\$8.75 Annual Fee Required

8. Multiple projects to Dept. of State (Do not check unless you are a multiple project)

5a. Capital Contributions as Shown on record

\$495,000.00

5b. Amount of Capital Contributions in FLORIDA to date

Applied For
 Not Applicable

9. Name and Address of Current Registered Agent

PEEBLES, J. WILLARD
322 SHOPPING CENTER DRIVE
WILDWOOD FL 34785

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code

10. If changed, new Registered Agent Office

10a. Pursuant to the provisions of sections 620.1051 and 620.152, 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 620.152, 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)

PEEBLES, J. WILLARD TRUSTEE

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

322 SHOPPING CENTER D

11b. City, State & Zip Code

WILDWOOD FL 34785

11c. Registration Document Number

01/21/99 01003-011
*****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)(b) 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

J. Willard Peebles

Typed or Printed Name of General Partner Signing Form

J. WILLARD PEEBLES

DATE

1/19/99

Daytime Telephone Number

352-748-0341

CR2E002 (9/99)