FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



SANFORD PROPERTIES FAMILY LIMITED PARTNERSHIP

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

SIGNATURE J

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A97000002374**

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR -8 AHII: 45



			3. Dale Formed or Registered	T =-
Malling Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.
2110 GENOVA DRIVE	2110 GENOVA DRIVE			\$6,500.00
OVIEDO FL 32765-7226	OVIEDO FL 32765-7226		38. Date of Last Report	Ψ0,000,00
				5b. Amount of Cepital Contributions in FLORIDA to date:
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date:
s. Mailing Address	Za. Fincipal Onice Address	Za. Fineipai Onice Address		,
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For
City & State City & State				Not Applicable
				\$8.75 Additional Fee Required
Z ip Country	Country Zip Country		8. Make check payable to: Dept. of	Stale (See reverse side for fee information
The state of the s				,
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office	
SANFORD, BRIAN J 2110 GENOVA DRIVE OVIEDO FL 32765-7226		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, etc.		
		-04/14/9801057005 City ****141. 25 *****141.25		
10a. Pursuant to the provisions of sections 620.1				
			DATE	
	MUST BE REGISTERED A			n business entit t
Name(s) of General Partner(s)	118. (Do NOT Use Post Office I	oral Partner Box Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number
SANFORD, BRIAN J			OVIEDO FL 32765	
oran one, enant o	ETTO GENOVA DINVE		OVILUO 1 L 32703	
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Note: General partners MAY	NOT be changed on this for	m; an amend	lment must be filed to cha	inge a general partner.
12. I do hereby certify that the Information supplies				

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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SANFORD