

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

FILED  
98 MAY -5 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership	1a. DOCUMENT # <b>A97000002447</b>
<b>THE SNYDER FAMILY ASSOCIATES LIMITED PARTNERSHIP</b>	



Mailing Address <b>122 DRIFTWOOD CIRCLE ATLANTIS FL 33462</b>	Principal Office Address <b>122 DRIFTWOOD CIRCLE ATLANTIS FL 33462</b>	3. Date Formed or Registered <b>11/12/1997</b>	5a. Capital Contributions as Shown on record. <b>\$100.00</b>
2. Mailing Address <i>122 Driftwood Circle Atlantis FL 33462</i>	2a. Principal Office Address <i>122 Driftwood Circle Atlantis, FL</i>	3a. Date of Last Report	5b. Amount of Capital Contributions In FLORIDA to date: <i>440,187 892,470</i>
Suite, Apt. #, etc. <i>33462 USA</i>	Suite, Apt. #, etc. <i>33462 USA</i>	4. State or Country of Formation <b>FL</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State <i>33462 USA</i>	City & State <i>33462 USA</i>	6. FEI Number <i>FIN 65-0803265</i>	7. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip <i>33462</i>	Zip <i>33462</i>	Country <i>USA</i>	Country <i>USA</i>
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent <b>NICOLETTI, PAUL J ESQ. 317 TENTH STREET WEST PALM BEACH FL 33401</b>	10. If changed, new Registered Agent/Office Name <b>\$ 535.00</b> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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
SNYDER, MAX M	122 DRIFTWOOD CIRCLE	ATLANTIS FL 33462	500002512145--5 -05/05/98--01141--004 ***2285.00 ****535.00
SNYDER, MARY K	122 DRIFTWOOD CIRCLE	ATLANTIS FL 33462	

*dec*

**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 *Max M Snyder Mary K Snyder* **4/20/98**  
*4/23/98*  
Typed or Printed Name of General Partner Signing Form **MAX M Snyder** *968-9353 (561)*

CR2E003 (12/97)