

**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 NOV 12 PM 12:10

with
11/16



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

Mailing Address 122 DRIFTWOOD CIRCLE ATLANTIS FL 33462	Principal Office Address 122 DRIFTWOOD CIRCLE ATLANTIS FL 33462	3. Date Formed or Registered 11/12/1997	5a. Capital Contributions as Shown on record. \$2,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 05/05/1998	5b. Amount of Capital Contributions in FLORIDA to date: 890,872
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0803265
City & State	City & State	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent NICOLETTI, PAUL J ESQ. 317 TENTH STREET WEST PALM BEACH FL 33401	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 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	A9700000 2447
SNYDER, MARY K	122 DRIFTWOOD CIRCLE	ATLANTIS FL 33462	
500002689445--6 -11/17/98--01049--005 ****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)(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 690, Florida Statute.

SIGNATURE *Max M Snyder General Partner* DATE *11/9/98*
Typed or Printed Name of General Partner Signing Form *MAX M. Snyder* Daytime Telephone Number *561-968-9353*

CR2E003 (8/98)