FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT • 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

KINSLER FAMILY

1a. DOCUMENT # A9700002448/ DIVISION OF CORPORATION

97 DEC 18 PM 1: 06

DATE DU 16,1997

Daytime Telephone Number 8/3 - 228-4687

			CD12/72			
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capita Show	l'Contributions às i on record.	
1023 Red Oak circle	1013 Red 0.	nk CIRcle	11-7-97			
BRANDON, 92 33511-6269	BRANdan, 723	3571-6269	3a. Date of Last Report	118,	100	
BUMPSON 15 33211 4241				5b. Amou	nt of Capital butions in Ft ORIDA	
			4. State or Country of Formation	Contri to date	butions in Ft ORIDA e:	
2. Mailing Address	2a. Principal Office Address		FLORIOA	118,	700	
Suite, Apt #, etc	Suite, Apt #, etc.		6. FEI Number	<u>.L</u>	Applied For	
City & State	Cily & State		59-34764.	33	Not Applicable	
			7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip Co	ountry	8, Make check payable to Dept. o	I State (See reve		
			#5/1.2	7		
9, Name and Address of Current Registered Agent			10. II changed, new Registered Agent/Office			
Proce 7 Kinsley	-	Nama				
Pager 7. KINSler 1023 Red Oak CIRcle		Street Address (P.O. Box Number Is Not Acceptable)				
1023 Ked Oak C	-	Suite, Apt. #, etc.				
Brandon, 22 335	11-62 69	Cilv			Zip Code	
Binday R 335	11-6269	Cily		FL	Zip Code	
	d 620 192, Florida Statutes, the above-named li registered agent, or both, in the State of Florida	imited partnership orga		he State of Florid	da, submits this statement	
10a. Pursuant to the provisions of sections 620 1061 and for the purpose of changing its registered effice or	d 620 192, Florida Statutes, the above-named li registered agent, or both, in the State of Florida	imited partnership orga		the State of Florid roby accept the	da, submits this statement	
10a. Pursuant to the provisions of sections 620 1065 and for the purpose of changing its registered effice or agent. Lam familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment).	d 620 192, Florida Statutes, the above-named li registered agent, or both, in the State of Florida s of section 620,192, Florida Statutes.	imiled parlnership orga a Such change was aul	horized by ils general partner(s). Then DATE	the State of Florid roby accept the	da, submits this statement appointment of registered	
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10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or agent. Lan familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT MUST 11. Name(s) of General Partner(s)	IS A CORPORATION, LITTER REGISTERED AND Address of Each General Proposition of State of Management of State of Fronce of State of St	milled partnership orga a Such change was aut MITED PART ACTIVE WIT artner tumbers) 11b.	DATE NERSHIP OR OTHE THIS OFFICE. City, State & Zip Code	the State of Floric roby accept the	da, submits this statement appointment of registered	
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12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I release the Division of

Cathalene S. Kinsler

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's greature shall have the same legal effects as if made under each 1 further certify that I am a General Partner of the limited partnership, receiver or trustee