

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 S. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 FEB -2 PM 4:26

1. Name of Limited Partnership	1a. DOCUMENT # A97000002473
JAMES M. POFFENBAUGH FAMILY PARTNERSHIP, LTD.	



Mailing Address 6110 E. IRLO BRONSON MEMORIAL HIGHWAY ST. CLOUD FL 34771	Principal Office Address 6110 E. IRLO BRONSON MEMORIAL HIGHWAY ST. CLOUD FL 34771	3. Date Formed or Registered 11/14/1997	5a. Capital Contributions as Shown on record. \$435,600.00
		3a. Date of Last Report 01/26/1998	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-3270573 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	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 POFFENBAUGH, JAMES M 6110 E. IRLO BRONSON MEMORIAL HIGHWAY ST. CLOUD FL 34771	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
--	---

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) POFFENBAUGH, JAMES M	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6110 E. IRLO BRONSON	11b. City, State & Zip Code ST. CLOUD FL 34771	11c. Registration/ Document Number 800002770648-2 -02/09/98--01127--007 ****526.25 ****526.25 42-3-99
---	--	---	--

**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

*James M. Poffenbaugh*

DATE

12-14-98

Typed or Printed Name of General Partner Signing Form

JAMES M. POFFENBAUGH

Daytime Telephone Number

407/892-4373

CR2E003 (8/98)