

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 11 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A97000002922
THE GAVALAS FAMILY LIMITED PARTNERSHIP	

Mailing Address 1149 CIRCLE DRIVE TALLAHASSEE FL 32302	Principal Office Address 1149 CIRCLE DRIVE TALLAHASSEE FL 32302	3. Date Formed or Registered 01/01/1998	5a. Capital Contributions as Shown on record \$2,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 1-1-99	5b. Amount of Capital Contributions in FLORIDA to date: \$2,000,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL 59-3493167	6. FEI Number 59-3493167 A-97000002922
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information) 526.25
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent GEEKER, VAN P 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 215 South Monroe St. Suite, Apt. #, etc. Suite 705 City TALLAHASSEE FL Zip Code 32301
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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) GAVALAS, NICHOLAS G GAVALAS, JANET T	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1149 CIRCLE DRIVE 1149 CIRCLE DRIVE	11b. City, State & Zip Code TALLAHASSEE FL 32302 TALLAHASSEE FL 32302	11c. Registration/ Document Number 100002778441-1 -02/17/99--01072--025 ****526.25 ****526.25
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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

Nic Gavalas

DATE

2-9-99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

810.222.0687

CR2E003 (12/98)