

**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
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FILED

98 DEC 14 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership		1a. DOCUMENT # A97000002948	
MCCRARY FAMILY LIMITED PARTNERSHIP			
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions ^{Entered} _{Shown on record!}
1395 BUCKSAW PLACE LONGWOOD FL 32750	1395 BUCKSAW PLACE LONGWOOD FL 32750	12/30/1997	1,291,938.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/02/1998	1,291,938.
City & State	City & State	4. State or Country of Formation	
Zip Country	Zip Country	FL	
		6. FEI Number 59-3489261	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		APPLIED FOR	
		7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
MCCRARY, LOUIS H 1395 BUCKSAW PLACE LONGWOOD FL 32750	Name MCCRARY LOUISE H
	Street Address (P.O. Box Number is Not Acceptable) 988802712479 2
	Suite, Apt. #, etc. -12/15/98-01026-009
	City *****526.25 FL *****526.25

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) *Louise H. McCrary* DATE *9/10/98*

**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
MCCRARY, LOUISE H	1395 BUCKSAW PLACE	LONGWOOD FL 32750	<i>OK 12-15</i> <i>FF \$526.25</i>

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 *Louise H. McCrary* DATE *9/10/98*
 Typed or Printed Name of General Partner Signing Form *Louise H. McCrary* Daytime Telephone Number _____

CR2E003 (8/98)