


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	
1. Name of Limited Partnership THE BOLLEY FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A98000000153	
Mailing Address 1513 STATE ROAD 559 POLK CITY FL 33868		Principal Office Address 1513 STATE ROAD 559 POLK CITY FL 33868	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 01/12/1998		5a. Capital Contributions as Shown on record \$675,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date \$1,122,901.00	
4. State or Country of Formation FL		6. FEI Number 59-3484532	
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 BOLLEY, HENRY S 1513 STATE ROAD 559 POLK CITY FL 33868		10. If changed, new Registered Agent/Office FL Zip Code 33868	
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) Henry S. Bolley DATE 2/16/99			
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
BOLLEY, HENRY S BOLLEY, IRMA S	1513 STATE ROAD 559 1513 STATE ROAD 559	POLK CITY FL 33868 POLK CITY FL 33868	500002776205--B -02/15/99--01141--010 ***2785.00 ****535.00
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 Henry S. Bolley DATE 2/16/99			
Typed or Printed Name of General Partner Signing Form Henry S. Bolley Daytime Telephone Number (941)984-3607			

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