

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. Martham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A98000000321

THE MIDDLEBROOKS INVESTMENT GROUP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -5 AM 9:10



01126

Mailing Address	Principal Office Address	3. Date Formed or Registered 02/02/1998	5a. Capital Contributions as Shown on record \$594,000.00
618 LIVE OAK PLANTATION ROAD TALLAHASSEE FL 32312	618 LIVE OAK PLANTATION ROAD TALLAHASSEE FL 32312	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$594,000.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	6. FEI Number 593491210
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<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	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
MIDDLEBROOKS, HARRY SR. 618 LIVE OAK PLANTATION ROAD TALLAHASSEE FL 32312	Name Street Address (P.O. Box Number Is Not Applicable) Suite, Apt. #, etc. City
	593491210 01/26/99 10469 024 ***526-25 ***526-25 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
M SOUTH CORPORATION	618 LIVE OAK PLANTATION ROAD	TALLAHASSEE FL 32312	P98000010469

CR2E03 (8/98)

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 *M. South Corporation by Harry Middlebrooks, Sr., President* DATE *Dec. 31, 1998*
Typed or Printed Name of General Partner Signing Form *M. South Corporation* Daytime Telephone Number *850-585-3693*