

**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
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 FEB -5 AM 9:29

1. Name of Limited Partnership THE PORTER FAMILY LIMITED PARTNERSHIP	1a. DOCUMENT # A98000000508
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Mailing Address 410 REAR CAROLINE STREET KEY WEST FL 33040	Principal Office Address 410 REAR CAROLINE STREET KEY WEST FL 33040	3. Date Formed or Registered 02/23/1998	5a. Capital Contributions as Shown on record \$3,800,000.00
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	6. FEI Number 59-6187517
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent POIRIER, JEANE PORTER 410 REAR CAROLINE STREET KEY WEST FL 33040	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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) *X Jean Porter Poirier*

DATE *X 12/21/98*

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) POIRIER, JEAN PORTER	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 410 REAR CAROLINE STR	11b. City, State & Zip Code KEY WEST FL 33040	11c. Registration/Document Number 000002771560- - 6 -02/10/99-01055-017 *****526.25 *****526.25 <i>6c 29-99</i>
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CR2E003 (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 *X Jean Porter Poirier*

DATE *X 12/21/98*

Typed or Printed Name of General Partner Signing Form

JEANE PORTER POIRIER

Daytime Telephone Number

(305) 292-3163