FILE ON OR BEFORE DECEMBER WILL BE SUBJECT TO REVO					
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 30 PH 1:27		
1. Name of Limited Partnership	1a. DOCUMENT # A9800000800		SECRETARY (
STAED FAMILY ASSOCIATES I				. FLORIDA	
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.	
2025 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118	2025 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118		03/30/1998 3a. Date of Last Report	\$1,000.00	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		Applied For Not Applicable	
City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current	Registered Agent	<u> </u>	10. If changed, new Registered	Agent/Office	
501 NORTH GRANDVIEW AVENUE		Name			
		Street Address (P.O.	Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc.			
		City FL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	egistered agent, or both, in the State of Florid of section 620.192, Florida Statutes.	a. Such change was au	thorized by its general partner(s). I hereby DATEDATEDATEDATE	v accept the appointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b			11c. Registration/ Document Number	
BLWT & B, INC.	2025 SOUTH ATLANTIC A		AYTONA BEACH SHORES	P98000029090	
				7446325 /9901109007 41.25 ****141.25	
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 Mondo W. Stack DATE 2-8-98					
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number					