

**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
98 DEC 29 AM 9:36

1. Name of Limited Partnership THE PINO FAMILY PARTNERSHIP, LTD.	1a. DOCUMENT # A98000001253
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Mailing Address 255 SOUTH ORANGE AVENUE, SUITE 600 ORLANDO FL 32801	Principal Office Address 255 SOUTH ORANGE AVENUE, SUITE 600 ORLANDO FL 32801	3. Date Formed or Registered 05/19/1998	5a. Capital Contributions as Shown on record. \$990.00
2. Mailing Address P.O. Box 1511	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$990.00
City & State Orlando, FL	City & State	4. State or Country of Formation FL	6. FEI Number 59-3512878
Zip 32802	Country US	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent THE PINO FAMILY CORPORATION 255 SOUTH ORANGE AVENUE, SUITE 600 ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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)

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) THE PINO FAMILY CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 255 SOUTH ORANGE AVEN	11b. City, State & Zip Code ORLANDO FL 32801	11c. Registration/Document Number P97000107936
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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 By: The Pino Family Corporation DATE 12-28-98
 Typed or Printed Name of General Partner Signing Form Laurence J. Pino President Daytime Telephone Number 407 425-7831
Ext. 1-1114

CR2E003 (8/98)