

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION / \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 11 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership THE LANIER GROUP, LTD.		1a. DOCUMENT # A98000001312	
Mailing Address 3755 LANCEWOOD DRIVE CORAL SPRINGS FL 33065	Principal Office Address 3755 LANCEWOOD DRIVE CORAL SPRINGS FL 33065	3. Date Formed or Registered 05/26/1998	5a. Capital Contributions as Shown on record \$7,500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: \$ 7500
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0840844 <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	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent PRESNICK, DAVID M 96 WILLARD STREET, SUITE 302 COCOA FL 32922		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 200002778227--8 Suite, Apt. #, etc. 02/17/99 01061-013 City ****141.25 ****141.25 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
BENAJAH SCOTT, JR. TRUSTEE	3755 LANCEWOOD DRIVE	CORAL SPRINGS FL 3306	
PATRICIA L. SCOTT, TRUSTEE	3755 LANCEWOOD DRIVE	CORAL SPRINGS FL 3306	

hc 2-16-99

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

Ben A. Scott

DATE

12/18/98

Typed or Printed Name of General Partner Signing Form

BEN A. SCOTT

Daytime Telephone Number

954-523-1300