FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A98000001399

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VAN DEN BERG FAMILY PARTNERSHIP, LTD.		1 (100) E	1 1001011 (DIS 1010) 10111 00111 00111 00111 00111 00101 11000 11110 10110 1011 1011 1011 1011	
Mailing Address 921 GEORGIA AVENUE WINTER PARK FL 32789	Principal Office Address 921 GEORGIA AVENUE WINTER PARK FL 32789	3. Date Formed or Registered 06/05/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record.	
2. Malling 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.	6. FEI Number	Applied For Not Applicable	
City & State	City & State	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to: Depl. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
222 WEST COMSTOCK AVENUE, SUITE 210 WINTER PARK FL 32789 10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above for the purpose of changing its registered office or registered agent, or both, in the State cagent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.		hange was authorized by its general partner(s). I he	ereby accept the appointment of registered	
A GENERAL PARTNER THA	AT IS A CORPORATION, LIMIT IST BE REGISTERED AND AC	ED PARTNERSHIP OR OTI TIVE WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers		11c. Registration/ Document Number	
VAN DEN BERG, EGERTON K VAN DEN BERG, CAROLINE M	921 GEORGIA AVENUE 921 GEORGIA AVENUE	WINTER PARK FL 32789 WINTER PARK FL 32789 1	28:240710 30/99-01084-022 *141.25 ****141.25	
Note: General partners MAY NO	OT be changed on this form; an a	mendment must be filed to c	hange a general partner.	
from any liability of non-compliance with Section 1 is true and accurate and that my significant shall he execute this report as required by mapping 620. Fic	h this filing is voluntarily furnished and does not qualify for the 19 07(3)(k) in the event that the information supplied is dee ave the same forgal effects as if made under oath. I further outside Statutes.	med exempt from public access. I further certify that	the information indicated on this annual report	
SIGNATURE	Egerton K. vanden K	BATE	(401) 825-2049	
Typed or Printed Name of General Partner Signing Form	Lyer ION N. VOILDEN	Daylime Telephone Number	(707) 803-0079	