


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 FEB -5 AM 9:29	
1. Name of Limited Partnership		1a. DOCUMENT # A98000001854			
THE LONNIE AND LYN ORNS FAMILY LIMITED PARTNERSHIP					
Mailing Address		Principal Office Address		3. Date Formed or Registered	
13041 AUTOMOTIVE BOULEVARD CLEARWATER FL 34622		13041 AUTOMOTIVE BOULEVARD CLEARWATER FL 34622		07/31/1998	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. State or Country of Formation	
Zip Country		Zip Country		FL	
				5a. Capital Contributions as Shown on record.	
				\$325,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date	
				6. FEI Number	
				59-3528698 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				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)					

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
ORNS, LONNIE T 13041 AUTOMOTIVE BOULEVARD CLEARWATER FL 34622		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		600002771706-0 -02/10/99-01062-020 *****88. FL *****88.75	

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
ORNS, LONNIE T ORNS, EVELYN D	13041 AUTOMOTIVE BOUL 13041 AUTOMOTIVE BOUL	CLEARWATER FL 34622 CLEARWATER FL 34622	600002771706-0 -02/10/99-01062-021 *****437.50 *****437.50 52-9-99

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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Lonnie Orns

Dec 8 98

727-512-7440

CR2E003 (8/98)