

**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 30 AM 9: 13

1. Name of Limited Partnership MCCALL-SMITH & ASSOCIATES, LIMITED	1a. DOCUMENT # A98000002067
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Mailing Address 9278 127TH DRIVE LIVE OAK FL 32060	Principal Office Address 9278 127TH DRIVE LIVE OAK FL 32060
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 09/08/1998	5a. Capital Contributions as Shown on record \$40,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent MCCALL, CARL B JR. 9278 127TH DRIVE LIVE OAK FL 32060

10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ Zip Code FL

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) MCCALL, CARL B SMITH, ALFRED	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9278 127TH DRIVE 426 JOHNSON BOULEVARD	11b. City, State & Zip Code LIVE OAK FL 32060 LIVE OAK FL 32060	11c. Registration/Document Number 400002871974---4 -05/11/99--01085--011 ****368.75 ****368.75
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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 *Carl B McCall Jr* DATE **4-2-99**
 Typed or Printed Name of General Partner Signing Form **CARL B MCCAII JR** Daytime Telephone Number **904-364-5924**

CR2E003 (12/98)