

**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

FILED

99 MAR -4 PM 3: 36

SECRETARY OF STATE



<b>1. Name of Limited Partnership</b>  <b>MAC FAMILY, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A98000002105</b>	
<b>Mailing Address</b> 20982 AVENEL RUN BOCA RATON FL 33428	<b>Principal Office Address</b> 20982 AVENEL RUN BOCA RATON FL 33428	<b>3. Date Formed or Registered</b> 09/04/1998	<b>5a. Capital Contributions as Shown on record.</b>  \$95,000.00
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	<b>3a. Date of Last Report</b>	<b>5b. Amount of Capital Contributions in FLORIDA to date</b> \$ 95,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> 65-0867572 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>
Zip Country	Zip Country		

<b>9. Name and Address of Current Registered Agent</b> WHEELER, MARKHAM L 20982 AVENEL RUN BOCA RATON FL 33428	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number, Suite, Apt. #, etc.) Suite, Apt. #, etc. City Zip Code FL
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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.**

<b>11. Name(s) of General Partner(s)</b> MLW CORPORATION	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 20982 AVENEL RUN	<b>11b. City, State &amp; Zip Code</b> BOCA RATON FL 33428	<b>11c. Registration/Document Number</b> P98000078068
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3-10-99

**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 *Mark L Wheeler, President MLW Corp* DATE *2-27-99*  
Typed or Printed Name of General Partner Signing Form: *Mark L Wheeler* Daytime Telephone Number: *561-218-1312*

CR2E003 (12/98)