DEBIT MEMORANDUM

FOR OFFICIAL USE

TO :
DEPT. OF STATE

DATE 3 29 99 NUMBER 93012

A98000002197

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

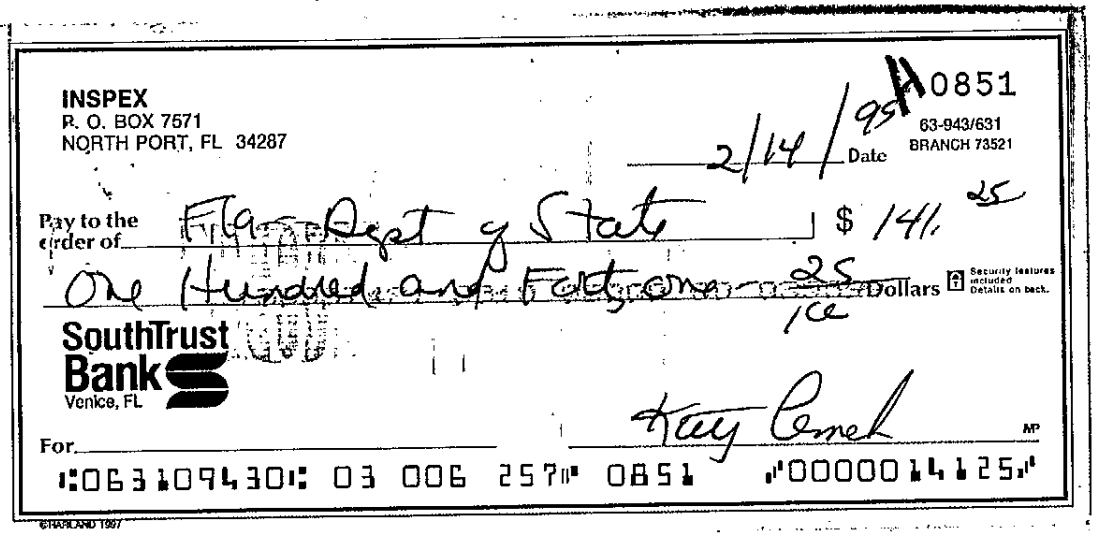
FUND	AMOUNT	REASON RETURNED	KEY #	*	
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	*	
TRUST	3,855.75	ACCOUNT CLOSED	2	*	2
OTHER		UNCOLLECTED FUNDS	3	*	
TOTAL	3,855.75	OTHER	4	*	

400002869314--7

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	4	61.25-
012	45-20-2-130001-45300000-00-000100-00	4	61.25-
012	45-20-2-130001-45300000-00-000100-00	2	61.25-
012	45-20-2-130001-45300000-00-000100-00	2	61.25-
012	45-20-2-130001-45300000-00-000100-00	1	82.00-
012	45-20-2-130001-45300000-00-000100-00	2	88.75-
012	45-20-2-130001-45300000-00-000100-00	1	122.50-
012	45-20-2-130001-45300000-00-000100-00	1	141.25-
012	45-20-2-130001-45300000-00-000100-00	1	150.00-
012	45-20-2-130001-45300000-00-000100-00	4	150.00-
012	45-20-2-130001-45300000-00-000100-00	1	150.00-
012	45-20-2-130001-45300000-00-000100-00	1	150.00-
012	45-20-2-130001-45300000-00-000100-00	2	150.00-
012	45-20-2-130001-45300000-00-000100-00	4	150.00-
012	45-20-2-130001-45300000-00-000100-00	4	150.00-
012	45-20-2-130001-45300000-00-000100-00	2	150.00-
012	45-20-2-130001-45300000-00-000100-00	2	150.00-
012	45-20-2-130001-45300000-00-000100-00	1	150.00-
012	45-20-2-130001-45300000-00-000100-00	1	150.00-
012	45-20-2-130001-45300000-00-000100-00	2	150.00-
012	45-20-2-130001-45300000-00-000100-00	2	150.00-
012	45-20-2-130001-45300000-00-000100-00	4	150.00-
012	45-20-2-130001-45300000-00-000100-00	4	150.00-
012	45-20-2-130001-45300000-00-000100-00	2	150.00-

CONTINUED

93012 - H



INSPEX
R. O. BOX 7571
NORTH PORT, FL 34287

0851
63-943/631
BRANCH 73521

2/14/95
Date

Pay to the order of Fla Dept of State $ 141.25

One Hundred and Forty One 25/100 Dollars

Security features included Details on back.

SouthTrust Bank
Venice, FL

For

Kay Cornell

MP

⑆063109430⑆ 03 006 257⑈ 0851 ⑈00000141 25⑈

©HARLAND 1997

ENDORSE HERE

X

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-03/04/99--01098--025
1009068796 ****141.25

00000010090068796 D65_03 >063000047<
INCLEARINGS WORK
CLEARINGHOUSE WORK
1300037426 0034P2 05000 00 030899

0140107983 >063000047<
03-05-99
1040110995
03-05-99
JAX FL

INCLEARINGS WORK
CLEARINGHOUSE WORK
1500005152 0801 05000 00 031199

Security features on this document include a Micro-Print Signature Line and Security Screen. Absence of these features may indicate alteration.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 6, 1999

Inspex
P.O. Box 7571
North Port, FL 34287

SUBJECT: SANDY PALM FAMILY LIMITED PARTNERSHIP
Ref. Number: A98000002197

Debit Memo #: 93012-H

This is to inform you that your check #0851 dated February 14, 1999 in the amount of $141.25 and submitted for SANDY PALM FAMILY LIMITED PARTNERSHIP has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of $156.25 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 499A00017376

cc:Sandy Palm Family LP
P.O. Box 7362
North Port, Fl. 34204

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 10, 1999

Inspex
P.O. Box 7571
North Port, FL 34287

SUBJECT: SANDY PALM FAMILY LIMITED PARTNERSHIP
Ref. Number: A98000002197

Debit Memo #: 93012-H

Due to your failure to respond to our previous letter, your Annual Report for SANDY PALM FAMILY LIMITED PARTNERSHIP has been cancelled and is considered not filed as of May 10, 1999.

Please refer to our previous letter advising you of the returned check.

Section 620.178, Florida Statutes, requires us to give at least 60 days notice of our intent to revoke the certificate of authority of a limited partnership for failure to file the annual report and pay the filing fee. This will serve as your notice that if payment of $156.25 is not received within 60 days, your limited partnership's certificate of authority will be revoked and a reinstatement fee of an additional $500 a year or part of a year will be imposed.

Please send your response to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6900.

Melinda Lilliston
Administrative Assistant II

Letter Number: 699A00025463

cc:Sandy Palm Family LP
P.O. Box 7362
North Port, Fl. 34204