

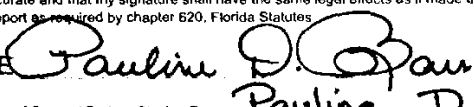


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership <b>STONINGTON FAMILY LIMITED PARTNERSHIP</b>		1a. DOCUMENT # <b>A98000002220</b>	
2. Mailing Address <b>1009 OCEAN SHORE BLVD. ORMOND BEACH FL 32176</b>		3. Date Formed or Registered <b>09/23/1998</b>	
2a. Principal Office Address <b>1009 OCEAN SHORE BLVD. ORMOND BEACH FL 32176</b>		3a. Date of Last Report	
2. Mailing Address <b>94 WATER ST.</b>		4. State or Country of Formation <b>FL</b>	
Suite, Apt. #, etc.		6. FEI Number <b>58-2427898</b>	
City & State <b>STONINGTON, CT</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>06378</b>		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 <b>BARRES, JONATHAN 1009 OCEAN SHORE BLVD. ORMOND BEACH FL 32176</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
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 <b>2/28/99</b>			
<b>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>STONINGTON PARENTS, LLC</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>1009 OCEAN SHORE BLVD</b>	11b. City, State & Zip Code <b>ORMOND BEACH FL 32176</b>	11c. Registration/ Document Number <b>L98000001954</b>
4000002808314--1 -03/16/99--01102--003 ***263.75 ****263.75 3.12.99			
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>			
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  Typed or Printed Name of General Partner Signing Form <b>Pauline D. Barres</b>		DATE <b>2/28/99</b> Daytime Telephone Number <b>(800) 535-8424</b>	

FILED

99 MAR -5 AM 11: 22



CR2E003 (12/98)