


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 17 AM 10:28

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>1.</b> Name of Limited Partnership  KOHL FAMILY ASSOCIATES, LTD.		<b>1a.</b> DOCUMENT # A98000002558	
<b>Mailing Address</b> 5100 Round Lake Road Apopka, FL 32712		<b>Principal Office Address</b> 5100 Round Lake Road Apopka, FL 32712	
<b>2.</b> Mailing Address Suite, Apt. #, etc. City & State Zip Country		<b>2a.</b> Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
<b>3.</b> Date Formed or Registered Nov. 17, 1998		<b>5a.</b> Capital Contributions as Shown on record. 1,580,000	
<b>3a.</b> Date of Last Report NA		<b>5b.</b> Amount of Capital Contributions in FLORIDA to date: 1,580,000	
<b>4.</b> State or Country of Formation Florida		<b>6.</b> FEI Number 59-3544077 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7.</b> Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	
<b>9.</b> Name and Address of Current Registered Agent John A. Moran, Esquire Suite 720 1800 Second Street Sarasota, FL 34236		<b>10.</b> 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	
<b>10a.</b> 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) <i>[Signature]</i> DATE <u>11/30/98</u>			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>11.</b> Name(s) of General Partner(s) Oakview Mobile Home Sales, Inc., a Florida corporation	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5100 Round Lake Road	<b>11b.</b> City, State & Zip Code Apopka, FL 32712	<b>11c.</b> Registration/Document Number H08469 200002726572--5 -12/30/98-01069-007 *****526.25 *****526.25
<b>Note:</b> General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
<b>12.</b> 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 <i>[Signature]</i> DATE <u>12/3/98</u> Typed or Printed Name of General Partner Signing Form <u>Walter H. Kohl, Jr., President</u> Daytime Telephone Number <u>407-880-1212</u>			

CR2E003 (8/98)