


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

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR -8 AM 10:36

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership The Schreiber Family Limited Partnership <i>49-AB CM</i>		1a. DOCUMENT # A98000002663	
Mailing Address Virginia T. Schreiber, Gen. Ptr. 4330 Deering St. Marianna, FL 32446		Principal Office Address 4330 Deering Street Marianna, FL 32446	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 12/03/98	
		3a. Date of Last Report N/A	
		4. State or Country of Formation Florida	
		5a. Capital Contributions as Shown on record 1,000,000.	
		5b. Amount of Capital Contributions in FLORIDA to date 1,000,000.	
		6. FEI Number 59-3541555	
		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 Thomas C. Wilkinson, Esq. Attorney at Law P.O. Box 138 Marianna, FL 32447		10. If changed, new Registered Agent/Office Name Virginia T. Schreiber Street Address (P.O. Box Number Is Not Acceptable) 4330 Deering Street Suite, Apt. #, etc. City Marianna FL Zip Code 32446	
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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) *Virginia T. Schreiber* DATE **3-1-99**

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) VIRGINIA T. SCHREIBER	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4330 DEERING ST.	11b. City, State & Zip Code MARIANNA, FL 32446	11c. Registration/Document Number ANN002763898--2 --02/04/99--01001--005 *****526.25 *****526.25
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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 *Virginia T. Schreiber, General Partner* DATE **12-30-98**
 Typed or Printed Name of General Partner Signing Form **Virginia T. Schreiber** Daytime Telephone Number **850/482-2544**

CR2E003 (8/98)