

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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 28 PM 12:58	
1. Name of Limited Partnership DEAK Family Partnerhsip, Ltd.		1a. DOCUMENT # A98000002701			
Mailing Address 375 Commerce Parkway, Suite 201 Rockledge, FL 32955		Principal Office Address 375 Commerce Parkway, Suite 201 Rockledge, FL 32955		3. Date Formed or Registered 12-7-98 3a. Date of Last Report n/a 4. State or Country of Formation FL	
2. Mailing Address 375 Commerce Parkway Suite, Apt. #, etc. Suite 201 City & State Rockledge, FL Zip Country 32955 USA		2a. Principal Office Address 375 Commerce Parkway Suite, Apt. #, etc. Suite 201 City & State Rockledge, FL Zip Country 32955 USA		5a. Capital Contributions as Shown on record. \$10,000,000 5b. Amount of Capital Contributions in FLORIDA to date: \$0.00 6. FEI Number 65-0876909 ☐ Applied For ☒ Not Applicable 7. Certificate of Status Desired ☐ \$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 Donald J. Long 375 Commerce Parkway, Suite 201 Rockledge, FL 32955		10. If changed, new Registered Agent/Office Name: 70000002743257 Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: City: FL 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) 7000002743257--7					
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) DJL Management Services, Inc.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 375 Commerce Parkway Suite 201		11b. City, State & Zip Code Rockledge, FL 32955	
11c. Registration/Document Number		(Empty field for registration/document number)			
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 <u>Donald J. Long</u> DATE _____					
Typed or Printed Name of General Partner Signing Form <u>Donald J. Long, President</u> Daytime Telephone Number <u>407-631-0070</u>					

CR12E003 (8/98)