


FILE ON OR BEFORE DECEMBER 31, 1998 OR 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 99 JAN -7 PM 2:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership		1a. DOCUMENT # A98000002845			
The Conway Family Limited Partnership, II					
Mailing Address 84 The Cliffs Parkway Landrum, SC 29356		Principal Office Address 84 The Cliffs Parkway Landrum, SC 29356		3. Date Formed or Registered 12/23/98	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation Florida	
City & State		City & State		5a. Capital Contributions as Shown on record. \$67,000.00	
Zip Country		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date. \$67,000.00	
				6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				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) \$26.26	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
William C. Grimes, Esquire 1023 Manatee Avenue West Bradenton, Florida 34205			Name 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) _____ DATE _____					
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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
Robert Conway		84 The Cliffs Parkway		Landrum SC 29356	
Ruth Conway		84 The Cliffs Parkway		Landrum SC 29356	
				11c. Registration/ Document Number 900002740129--9 -01/13/99--01072--004 ****526.25 ****526.25	
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>Robert Conway</u> DATE <u>12/30/98</u>					
Typed or Printed Name of General Partner Signing Form <u>Robert Conway</u> Daytime Telephone Number <u>864 895 6361</u>					

CR2E003 (6/97)