

**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. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 21 AM 8:56

\$526.25

1. Name of Limited Partnership

1a. **DOCUMENT #**
A98000002902

Roesch Family Limited Partnership, a Florida Limited Partnership

Mailing Address

Principal Office Address

803 Stanley Avenue
Pensacola, FL 32503

Same

99-AR
CM

3. Date of Annual Report

Dec. 24, 1998

3a. Date of Last Report

N/A

4. State or Country of Formation

U.S.A.

5a. Capital Contribution (See Instructions)

\$749,668

5b. Amount of Capital Contribution (See Instructions)

\$749,668

2. Mailing Address

N/A

2a. Principal Office Address

N/A

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FE Number

59.3546783

Applied For
Not Applicable

7. Certificate of Status, Dues

\$8.75 A. Initial Fee Required

8. Attach copy of this Dept. of State form to your return to the Department

9. Name and Address of Current Registered Agent

Thomas M. Bizzell CPA
3250 Navy Boulevard
Pensacola, FL 32505

Name

N/A

Street Address (Do NOT Use Post Office Box Numbers)

State, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.1052, Florida Statutes, the above named limited partnership organized or re-organized 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). The filing agent accepts the appointment of registered agent, I am familiar with, and accept the obligations of section 620.1052, 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)

Frances Roesch

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1493 Arkansas Street

11b. City, State & Zip Code

Navarre, FL 32566

11c. Business (Optional)

N/A

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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 to be exempt from public access. I further certify that the information included 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

James R. Roesch

DATE

1.15.99

Type or Print Name of General Partner Signing Form

FRANCES ROESCH

Daytime telephone Number

860/438.7430

CPSE003 (8/98)