

**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** *W/3/3*  
99 FEB 26 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>1.</b> Name of Limited Partnership  The Alice Millikan Family Limited Partnership		<b>1a.</b> DOCUMENT # A98000002929	
<b>2.</b> Mailing Address 205 Magnolia Street New Smyrna Beach, FL 32168 att: Brent Millikan		<b>2a.</b> Principal Office Address 205 Magnolia Street New Smyrna Beach, FL 32168	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
<b>3.</b> Date Formed or Registered 12/31/98		<b>5a.</b> Capital Contributions as Shown on record  \$2,199,666	
<b>3a.</b> Date of Last Report NONE		<b>5b.</b> Amount of Capital Contributions in FLORIDA to date  -0-	
<b>4.</b> State or Country of Formation Florida		<b>6.</b> FET Number <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. Name and Address of Current Registered Agent</b>  Brent Millikan 205 Magnolia Street New Smyrna Beach, FL 32168		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
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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) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11.</b> Name(s) of General Partner(s)  Millikan Management, Inc.	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)  205 Magnolia St.	<b>11b.</b> City, State & Zip Code  New Smyrna Beach, FL 32168	<b>11c.</b> Registration/Document Number  P98000108299
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\*\*\*\*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 By: *Brent Millikan* **Millikan Management, Inc., a Florida corporation** DATE: *1-22-99*  
Typed or Printed Name of General Partner Signing Form: *Brent Millikan, President Millikan* Daytime Telephone Number: *(904) 487-1333*

CR2E003 (8/98)