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
99 JAN 25 PM 1:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership
C.F. Bryant Family Partnership, Ltd.

1a. DOCUMENT #
A99000000014

Mailing Address
1400 Prudential Drive, #7
Jacksonville, FL 32207

Principal Office Address
1400 Prudential Dr., #7
Jacksonville, FL 32207

3. Date Formed or Registered
12/30/98

3a. Date of Last Report
n/a

4. State or Country of Formation
Florida

5a. Capital Contributions as Stated on Certificate
$1,170,000.00

5b. Amount of Capital Contributions in FLORIDA to Date
1,165,960.00

2. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc
City & State
Zip Country

6. FEI Number
[X] Applied For
[ ] Not Applicable

7. Certified or Status Desired [ ] $8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for list of fees)

9. Name and Address of Current Registered Agent
Cecilia Ann Bryant
1400 Prudential Drive, #7
Jacksonville, FL 32207

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number 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 the 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	**11c.** Registration Document Number
Bryant Family Enterprises, Inc.	1400 Prudential Drive, Number 7	Jacksonville, FL 32207	P98000107083

CR2E003 (8/98)

-02/09/99 -01043-015
****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)(i), Florida Statutes. I understand the Division of Corporations from any liability of non-compliance w th Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public inspection. Further, I certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership required to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE C. Farris Bryant DATE 1/20/99

C. Farris Bryant, President Bryant Family Enterprises, Inc.
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number