

**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
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FILED
98 DEC 29 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # B95000000177
LUC LAKE HANCOCK LIMITED PARTNERSHIP	



Mailing Address BOX 460 300 GREENBRIER ROAD SUMMERSVILLE WV 26651	Principal Office Address BOX 460 300 GREENBRIER ROAD SUMMERSVILLE WV 26651	3. Date Formed or Registered 05/18/1995	5a. Capital Contributions as Shown on record. \$81,921.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/05/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$81,921.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation WV	6. FEI Number 55-0711558 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	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)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent ROEDER, LOUIS III 7414 SPARKLING LAKE ROAD ORLANDO FL 32819	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 000002742910--9 City -01/15/99 FL 1000-014
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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) and the appointed 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) LAND USE CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) BOX 460, 300 GREENBRI	11b. City, State & Zip Code SUMMERSVILLE WV 26651	11c. Registration/Document Number F95000002438
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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 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  **JAMES E DAVIS**
VICE-PRES OF LAND USE CORP-GENERAL PARTNER DATE **12/23/98**
Typed or Printed Name of General Partner Signing Form **JAMES E DAVIS** Daytime Telephone Number **(304)872-3000**

CR2E003 (8/98)