## 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 DEPARTI Sandra B. I Secretary DIVISION OF CO	Wortham of State RPORATIONS	DIVISION OF CORP	STATE ORATIONS 4: 22
1. Name of Limited Partnorship	1a. DOCUMENT # B95000000273			
JWN FAMILY PARTNERS, L.P., LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
906 EAST PARKWAY. SUITE 2 GATLINGBURG TN 37738	906 EAST PARKWAY, SUITE 2 GATLINGBURG TN 37738		07/31/1995 3a. Date of Last Report	\$10,000.00
			12/26/1997	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		TN	to date;
Suile, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 62-1535829	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip	Country	8, Make check payable to: Dept. of S	Fee Required tate (See reverse side for fee information)
9. Name and Address of Current Registered Agent Name		10. If changed, new Registered Agent/Office		
NEMETH, JOHN W JR.		O. Box Number is Not Acceptable)		
6198 S. LECANTO HWY. LECANTO FL 34461	Suite, Apt. #			
LEGANIO FL 34481	City		Zip Code	
10a Burning to the provisions of sections 620 1055 and 6	20 402 Elected Statutes the obove same		arganized or registered under the laws of the	State of Florida, submite this statement
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)				
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 (Do NOT Use Post Office Bo	Partner (Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number
NEMETH, JOHN W JR.	6198 S. LECANTO HWY.		LECANTO FL 34461	
NEMETH, JUDITH L	6198 S. LECANTO HWY.		LECANTO FL 34461	
			700002 -01/22	9901117009
•		- }	※※※※35	58.75 ****158.75
•		}		
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 filling 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 cartify 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 Delu W. Newell Dr. DATE 12/28/98				
Timed or Photod Name of Congress Partner Stanling Form TOHN W. NEWFITH TIL Dautime Telephone Number 3.52 5.628 - 49/0				