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

1. Name of Limited Partnership

DOCUMENT#

FILED Dec 11 1998 8:00 am Secretary of State

		1537							
THE GODDARD FAMILY LIMIT	ED PARTNERSHIP								
Mailing Address	Principal Office Address	Principal Office Address			5a. Capital Contributions as Shown on record.				
225 SURF SCOOTER DRIVE PELICAN BAY DAYTONA BEACH FL 32119	225 SURF SCOOTER DRIVE PELICAN BAY DAYTONA BEACH FL 32119			10/09/1997 3a. Date of Last Report 03/11/1998		\$5,110,421.00 5b. Amount of Capital Contributions in FLORIDA to date:			
				4. State or Country of Form	nation				
2. Mailing Address	2a. Principal Office Address			DE		1,2	34,627.	00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number			Applied For		
City & State	City & State	City & State				Not Applicable			
Zip Country Zip		Country		7. Certificate of Status Desired \$8.75 Addition Fee Required			nail		
	<u> </u>			8. Make check payable to: Dept. of State (See reverse side for fee information)				mation)	
9. Name and Address of Curren	t Registered Agent			10. If changed, new R	tegistered A	nent/Office			
		Name			-3.0.0.00.	30.10 01.100			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Street Address (P.O. Box Number Is Not Acceptable)							
PLANTATION FL 33324		Suite, Apt.	#. etc.						
TE WITH TE OODET									
		City				FL	Zip Code		
10a. Pursuant to the provisions of sections 620.1051 am for the purpose of changing its registered office or a agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	registered agent, or both, in the State of Flori s of section 620.192, Florida Statutes.	da. Such chan	ige was autho	rized by its general partner(s)	. I hereby a	ccept the app	ointment of registe	red	
A GENERAL PARTNER THAT MUS	IS A CORPORATION, I T BE REGISTERED AN	IMITED D ACTI	PART VE WIT	NERSHIP OR O	THER	BUSIN	IESS ENT	İTY	
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo		11b.	City, State & Zip Code		11c.	Registration/ Document Number	ar	
GODDARD, JEANNE M E	225 SURF SCOOTER DRIV		DAY	DAYTONA BEACH FL 32119					
THOMPSON, MARGARET G	707 KRISTINA COURT		POR	RT ORANGE FL 32/29					
;		İ		30000 -12 **		DE 1 33 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		8	
Note: General partners MAY NOT	be changed on this form	; an am	endmer	nt must be filed to	o cha	ie a de	neral partn	er.	
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chapt	is filing is voluntarily furnished and does not Section 119.07(3)(k) in the event that the infi nature shall have the same legal effects as it ter 620, Florida Statutes.	qualify for the	exemption sta	ated in Section 119.07(3)(k)	a Stain the der	es intlease ify that the in	the Division of formation indicated riship, receiver or tr	on	
SIGNATURE (fearme m)	Goddard		<u> </u>	DA	re <u>De</u>	<u>c 7</u>	198		
Typed or Printed Name of General Partner Signing Form	11			Daytime Telephone Numb	ėr				