

**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

JAN -7 PM 4:30

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



1. Name of Limited Partnership:

1a. DOCUMENT #  
**B98000000328**

**WIMSATT-ON LIMITED PARTNERSHIP**

Mailing Address

1831 PLANTSIDE DRIVE  
LOUISVILLE KY 40299

Principal Office Address

1831 PLANTSIDE DRIVE  
LOUISVILLE KY 40299

2. Mailing Address

4910 BARSTOWN ROAD  
Suite, Apt. #, etc

2a. Principal Office Address

4910 BARSTOWN RD  
Suite, Apt. #, etc

City & State

LOUISVILLE KY 40291  
Zip Country  
40291 U.S.A.

City & State

LOUISVILLE KY  
Zip Country  
40291 U.S.A.

3. Date Formed or Registered

05/26/1998

3a. Date of Last Report

5a. Capital Contributions as Shown on Record

\$630,000.00

5b. Amount of Capital Contributions in FL DORA as of Date

630,000.00

4. State or Country of Formation

KY

6. FEI Number

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Annual Fee Required

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

9. Name and Address of Current Registered Agent

FARMER, ANNE H  
5717 CARROLLWOOD MEADOWS DRIVE  
TAMPA FL 33688

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is 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 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.**

11. Name(s) of General Partner(s)

WIMSATT, GEORGE M

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1831 PLANTSIDE DRIVE  
4910 BARSTOWN RD

11b. City, State & Zip Code

LOUISVILLE KY 40299  
40291

11c. Registration Document Number

800002702248-1  
-02/02/99-01078-021  
\*\*\*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, state in Section 119.07(3)(b), 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

*George Wimsatt*  
George Wimsatt

DATE

1-4-99  
602-490-2151

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number