FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999

CHICKASAW FUND, L.P.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # B98000000529

99 APR 16 PM 3:27



Mailing Address 8354 CHAMPIONSHIP DRIVE. SUITE 203	Principal Office Address 8354 CHAMPIONSHIP DRIVE. SUITE 203 MEMPHIS TN 38125		3. Date Formed or Registered 08/24/1998	5a. Capital Contributions as Shown on record
MEMPHIS TN 38125			3a. Date of Last Report 4. State or Country of Formation	
				5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 600 Fifth Avenue South	2a. Principal Office Address 600 Fifth Avenue South		TN	
Suite, Apt. #, etc. Suite 204	Suite, Apt #, etc. Suite 204		6. FEI Number	Applied For
City & State Naples, Florida	City & State Naples, Florida		7. Certificate of Status Desired	Not Applicable \$8.75 Additional
Zip Country 34102	Zip Country 34102		Fee Required 8. Make check payable to Dept of State (See reverse signature) in attention.	
Q. Name and Address of Curre	nt Registered Agent	····· · · · · · · · · · · · · · · · ·	10. If changed new Registered	Agent/Office
JENNINGS, PAUL L 1660 TRADE CENTER WAY, SUITE 2000		Street Address (P. 600	Mark Helweg Street Address (PO Box Number Is Not Acceptable) 600 Fifth Avenue South	
NAPI FS FL 34109		Suite Apt #, etc		

Suite 204 Naples

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partership 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). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 629.192, Florida Stalutes

SIGNATURE (Registered Agent Accepting Appointment)

By Mark Helweg

DATE 3-23-99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTÉRED AND ACTIVE WITH THIS OFFICE.

Name(s) of General Partner(s) CHICKASAW CAPITAL, INC.

11.

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

11b. City, State & Zip Code

Registration/ 11c.

-8354 CHAMPIONSHIP DRI

600 Fifth Ave, South Naples, FL Suite 204

F98000004813

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 exemplion 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 couplied 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

Mark Helweg, Treasurer of

DATE 3-23-99