

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN -8 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership HARPER FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # B98000000596	
Mailing Address 70393 BRAVO STREET COVINGTON LA 70433	Principal Office Address 70393 BRAVO STREET COVINGTON LA 70433	3. Date Formed or Registered 10/08/1998	5a. Capital Contributions as Shown on record. \$175,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation LA	
City & State	City & State	6. FEI Number 72-1405201	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	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)

9. Name and Address of Current Registered Agent BLANKENSHIP, RUSSELL 1733 HILL AVENUE MANGONIA PARK FL 33407	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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). 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) CRESCENT CITY/HARPER PROPERT	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 70393 BRAVO STREET	11b. City, State & Zip Code COVINGTON LA 70433	11c. Registration/ Document Number M98000001153
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S. LOUWY *****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 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 *Craig Schneider*
Typed or Printed Name of General Partner Signing Form **Craig Schneider**

DATE **4/23/99**
Daytime Telephone Number **892-6500**

CR2E003 (12/98)