

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 DEC 12 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A06439
NORTH GROVE ASSOCIATES, LTD. 98-AR/cus CM	



Mailing Address	Principal Office Address
2424 ENTERPRISE ROAD SUITE G CLEARWATER FL 34629	2424 ENTERPRISE ROAD SUITE G CLEARWATER FL 34629
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33763 Country	Zip 33763 Country

3. Date Formed or Registered 04/10/1978	5a. Capital Contributions as Shown on record \$110,430.00
3a. Date of Last Report 10/30/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$110,430.00
6. FLI Number 59-1815841	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" 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

FLYNN, THOMAS F
2424 ENTERPRISE ROAD
SUITE G
CLEARWATER FL 34629

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number Is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____
State **FL** Zip Code **33763**

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BJELLAND, RICHARD J	888 WILSON ST	WOODBURN OR	
MIDURA, ROGER B	1110 E CLEVELAND ST	WOODBURN OR	
FLYNN, THOMAS F	2769 WESTCHESTER DR	CLEARWATER FL	

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****550.00 ****550.00

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 *Thomas F. Flynn* DATE **9/22/97**
 Typed or Printed Name of General Partner Signing Form **Thomas F. Flynn** Daytime Telephone Number **813-797-0098**

CP2E003 (6/97)