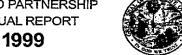
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -9 PM 4: 16

1. Name of Limited Partnership	1a. DOCU A11813	MENT #	Ė				
ROJE', LTD.							
Malling Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capi	tal Contributions as	
1380 PEACHTREE ST.	1360 PEACHTREE ST.			12/30/1981	\$88,551.63		
SUMTE 900 Suite 900 ATLANTA GA 30309	ATLANTA GA 30309	-SUITE-300 Suite 900 ATLANTA GA 30309		3a. Date of Last Report			
				01/20/1998 4. State or Country of Formation	5D. Amo Cont to da	unt of Capital ributions in FLORIDA de:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		FL		,,,,,	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		<u> </u>	
City & State	City & State	City & State		58-1454726	Applied For Not Applicable		
				7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of S	State (See rev	Fee Required srse side for fee information	
9. Name and Address of Curr	mat Bagistoned Ament			10 %			
3. Name and Address of Curr	ant Kagisterad Agant	Name	:1. Y.	10. If changed, new Registered	Agent/Ottica		
GANEK, JEFFREY P.		Street Add	Ganek, Jeffrey P. Street Address (P.O. Box Number Is Not Acceptable)				
2600-DOUGLAS RD.; STE600 CORAL GABLES-FL-33134-			3200 South Ocean Blvd. #203B Suite, Apt. #, etc.				
		City Palm Bead			FL	Zip Code 33480	
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of F	amed limited partn	ership organ	ized or registered under the laws of the	State of Florid	ia, submits this statement	
SIGNATURE (Registered Agent Accepting Appointment)				DATE_			
A GENERAL PARTNER THA MU	T IS A CORPORATION ST BE REGISTERED A	, LIMITED ND ACTIV	PART VE WIT	NERSHIP OR OTHE	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Ger (Do NOT Use Post Office	neral Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
GANEK, JEFFREY P.	1	1360 PEACHTREE ST, S-		ANTA GA			
				400002	710	1 7248 11099035 ****526.25	
•				***** *****	14351 326.25	####526.25	
* ▼			,				
		1			1		

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 filling 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 flability 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 pertnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

SIGNATURE	-	-
	`	

Typed or Printed Name of General Partner Signing Form

Jeffrey P. Ganek

Daytime Telephone Number

(404)