

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -8 AM 11:45

1. Name of Limited Partnership

1a. DOCUMENT #
A20864

MASSACHUSETTS AVENUE, LTD.



Mailing Address

8406 MASSACHUSETTS AVENUE
SUITE B-1
NEW PORT RICHEY FL 34653

Principal Office Address

8406 MASSACHUSETTS AVENUE
SUITE B-1
NEW PORT RICHEY FL 34653

3. Date Formed or Registered

09/27/1985

5a. Capital Contributions as Shown on record.

\$92,745.04

3a. Date of Last Report

12/06/1996

5b. Amount of Capital Contributions in FLORIDA to date.

4. State or Country of Formation

FL

2. Mailing Address

6709 Ridge Road

Suite, Apt. #, etc.

Ste 200

City & State

Port Richey, FL

Zip

34668

Country

USA

2a. Principal Office Address

6709 Ridge Rd

Suite, Apt. #, etc.

Ste 200

City & State

Port Richey FL

Zip

34668

Country

USA

6. FEI Number

59-2589078

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

MARTIN, DANIEL N.
8406 MASSACHUSETTS AVENUE
SUITE B-1
NEW PORT RICHEY FL 34653

10. If changed, new Registered Agent/Office

Name **C. JOHN BRASHER**

Street Address (P.O. Box Numbers Not Acceptable)

6709 Ridge Road

Suite, Apt. #, etc.

Ste 200

City

Port Richey

FL

Zip Code

34668

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)

MASSACHUSETTS AVE INC

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

8406 MASSACHUSETTS AV
6709 Ridge Rd, Ste 200
Port Richey FL
34668

11b. City, State & Zip Code

NEW PORT RICHEY FL

11c. Registration/Document Number

H77213

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OK
4/10

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

C. JOHN BRASHER PRES

DATE

2-20-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

813 848 7417

CR2E003 (12/97)