

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

FILED

97 DEC -1 PM 3: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

1. Name of Limited Partnership		1a. DOCUMENT # <b>A23057</b>	
AUTOMOTIVE SERVICE CENTER INCOME FUND - I, LTD. <i>AS-AR CM</i>			
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
C/O FINANCIAL REALTY MANAGEMENT, INC. 4102 W. LINEBAUGH AVE., SUITE 100 TAMPA FL 33624	C/O FINANCIAL REALTY MANAGEMENT, INC. 4102 W. LINEBAUGH AVE., SUITE 100 TAMPA FL 33624	08/15/1986	\$2,280,000.00
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.	12/11/1996	\$2,280,000
City & State	City & State	4. State or Country of Formation	
Zip Country	Zip Country	FL	
		6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		59-2706281	
		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	10. If changed, new Registered Agent/Office
BARRETT, CHARLES V ESQ. 701 N. FRANKLIN ST., SUITE 300 TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
	6000002367426-4 -12/09/97-01144 Code 018 ***541,25-FL***541,25

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
FINANCIAL REALTY MANAGEMENT,	4102 W. LINEBAUGH AVE	TAMPA FL	V31751

**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 *Richard J. Lorey* DATE **Nov. 21, 1997**  
Typed or Printed Name of General Partner Signing Form **Richard J. Lorey** Daytime Telephone Number **813-265-2550**

CR2E003 (6/97)