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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# Ä23596

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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INVESTMENT, LTD.			1 10 3 10 11 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	
E DRIVE 407	Principal Office Address 407 LESLIE DRIVE HALLENDALE FL 33009		3. Date Formed or Registered 11/14/1986 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$161,571.95
4 VALENCIA DR		CIA DR	12/17/1996 4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
LAMORADA City	Suite Apt. #, etc. ISLAMORADA City & State FLORIDA		6. FEI Number 59-2748337 7. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Foo Required
Country MONROE 9. Name and Address of Current Register	33036	MONROE	Make check payable to: Dept. c 10. If changed, now Register	f State (See reverse side for fee information
N INVESTMENT CORPORATION ESLIE DRIVE ANDALE FL 33009 ursuant to the provisions of sections 620,1051 and 620,192, or the purpose of changing its registered office or registered gent. I am familiar with, and accept the obligations of sections (Registered Agent Accepting Appointment) ENERAL PARTNER THAT IS A MUST BE	egent, or both, in the State of 620.192, Florida Statutes. CORPORATION, REGISTERED A	Streel Address Suite, Apt #, et City T & amed limited partnersh Florida. Such change	►A MORAPA ip organized or registered under the laws of was authorized by its general partner(s). I he	FL Zip Code 3 6 the State of Florida, submits this statement reby accept the appointment of registered
	Address of Each Gon (Do NOT Use Post Office	noral Partner Box Numbers) 1	1b. City. State & Zip Code HALLANDALE FL	11c. Registration/ Document Number
	. Javana 6710		900002	23702492 279701019014 165.00 ****165.00
General partners MAY NOT be ch	anged on this fo	rm: an amen	dment must be file	ed to ch

12/ 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. Frelease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is doesned exempt from public access. Further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Parlner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Storing Form

DATE Dec 5, 1997

Daytime Telephone Number