

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB -9 PM 1:23



1. Name of Limited Partnership		1a. DOCUMENT # A28815	
BOYNTON BEACH LAKES, LTD.			
2. Mailing Address		2a. Principal Office Address	
1946 TYLER STREET HOLLYWOOD FL 33020		815 W. BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33426	
3. Date Formed or Registered		5a. Capital Contributions as Shown on record	
08/28/1989		\$1,320,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
12/26/1996			
4. State or Country of Formation		6. FEI Number	
FL		31-1279323 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
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	
ATKINSON, WILSON C., III 1946 TYLER STREET HOLLYWOOD FL 33020		Name _____	
		Street Address (P.O. Box Number Is Not Acceptable) _____	
		Suite, Apt. #, etc. _____	
		City _____ FL Zip Code _____	

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
BRISBEN, WILLIAM O.	7800 E. KEMPER ROAD	CINCINNATI OH 45241	P22943
W.O. BRISBEN COMPANIES INC.	7800 E. KEMPER ROAD	CINCINNATI OH	
SCHULER, ROBERT E.	7800 E. KEMPER ROAD	CINCINNATI OH	

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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 R. Schuler DATE 2/5/98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/97)