

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. Wörtham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -9 PM 3: 24

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000280



L. SCHIEFERDECKER LIMITED PARTNERSHIP

Mailing Address

COUNTY ROAD 543, #345
SUMTERVILLE FL 33585

Principal Office Address

COUNTY ROAD 543, #345
SUMTERVILLE FL 33585

3. Date Formed or Registered

01/20/1993

5a. Capital Contributions as Shown on record.

\$851,750.00

3a. Date of Last Report

12/05/1996

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

4. State or Country of Formation

FL

2. Mailing Address

1605 King Arthur Circle
Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.
same as mailing

City & State

Maitland, FL 32751
1-2098

City & State

Zip Country

6. FEI Number

50-3218287

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

SCHIEFERDECKER, LOUIS W
COUNTY ROAD 543, #345
SUMTERVILLE FL FL335-85

10. If changed, new Registered Agent/Office

Name
Howard A. Schieferdecker
Street Address (P.O. Box Number is Not Acceptable)
1605 King Arthur Circle
Suite, Apt. #, etc.

City
Maitland FL Zip Code
32751

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) *[Signature]*

DATE 2/6/98

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)

~~SCHIEFERDECKER, LOUIS W~~
Schieferdecker, Walter L
Schieferdecker, Howard A
Amendment - 1-20-98

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

COUNTY ROAD 543, #345
219 Foot of Ferris Pt.
1605 King Arthur Circle

11b. City, State & Zip Code

SUMTERVILLE FL 33585
Essex, CT 06424
Maitland, FL 32751

11c. Registration/Document Number

400002462584--6
-03/19/98--01111--003
****541.25 ****541.25
KWM

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 *[Signature]*
Howard A. Schieferdecker

DATE 12/29/97
407-644-3751
407-645-2275

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)