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 # **A9600000367**

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



NOME DEVELOPMENT OF HUN	TERS RUN LTD.	Q-ARM]	
Malling Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
101 WESTLAKE DRIVE	101 WESTLAKE DRIVE		02/26/1996	\$600.00	
BOYNTON BEACH FL 33436 BOYNTON BEACH FL 3343			3a. Date of Last Report		
			05/06/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
	· · · · · · · · · · · · · · · · · · ·		FL	600	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For	
City & State	City & State		65-0672184	Not Applicable	
Zip Country	Zip Country		7. Cerlificate of Status Desired \$8.75 Additional Fee Required		
	8. Make check payable to: Dept. of State (See reverse side for fee information		State (See reverse side for fee information)		
9. Name and Address of Current Re	glatered Agent		10. If changed, new Registered	d Agent/Office	
KORN, GARY A		Name			
20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33180		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		City FL Zip Code			
egent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS MUST I		IMITED PAR	TNERSHIP OR OTHE	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Oortoo.		11c. Registration/ Document Number	
HOME DEVELOPMENT CORP. OF SOUT()			OYNTON BEACH FL 3343	- Docomort resmoot	
FLORIDA -I			600002 -09/16/ ****13	P9500091562 (69) 8003280 (69) 800320 (69) 800320 (69) 800320 (69) 800320 (69) 800320 (69) 800320 (69) 800320 (69) 80000 (69) 80000 (69) 80000 (69) 80000 (69) 80000 (69) 80000 (69) 80000 (
Nete: General partners MAY NOT b	e changed on this form	; an amendn	ent must be filed to cha	inge a general partner.	
12. The 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 Concrations 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. The partner of the limited partnership active to 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.					
SIGNATURE					
Typed or Printed Name of General Partner Signing Form	Ndrew Stember	erg kesu	LEW Daytirne Telephone Number _ 5	61 364-9664	