


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
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FILED
97 NOV -5 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership 2301 UNIVERSITY DRIVE, LTD.	1a. DOCUMENT # A96000000510
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2. Mailing Address 21301 POWERLINE ROAD, SUITE 207 BOCA RATON FL 33433	2a. Principal Office Address 21301 POWERLINE ROAD, SUITE 207 BOCA RATON FL 33433	3. Date Formed or Registered 03/15/1996	5a. Capital Contributions as Shown on report S.N. Paid 11-597 600,000
3a. Date of Last Report 01/27/1997	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date \$600,000.	6. FEI Number 65-0660468
7. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information) \$8.75 Additional Fee Required		

9. Name and Address of Current Registered Agent GÖDIN, BERNARD 21301 POWERLINE ROAD, SUITE 207 BOCA RATON FL 33433
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 400002340884--8 Suite, Apt. #, etc. -11/06/97--01117--001 City ***587.00 ***634.50 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
CGL PARTNERS, INC.	21301 POWERLINE ROAD,	BOCA RATON FL 33433	P96000023727 CR 11-5 FF \$544.25 Overpayment 93.25

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 the Florida Statutes.

SIGNATURE _____ DATE 9/25/97
Bernard Godin, President
 Daytime Telephone Number (561) 883-3941

CR2E003 (6/97)