

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -1 AM 9:40



1. Name of Limited Partnership CROSS ASSET MANAGEMENT, LTD.	1a. DOCUMENT # A96000000656
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2. Mailing Address BOX 486 Suite, Apt. #, etc. LONGBOAT KEY FLA City & State 34228 USA Zip Country	2a. Principal Office Address 829 W MARTIN LUTHER KING Suite, Apt. #, etc. SUITE 101 City & State TAMPA FL Zip Country 33603 USA
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3. Date Formed or Registered 04/05/1996	5a. Capital Contributions as Shown on record. \$70,000.00
3a. Date of Last Report 02/28/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 65-0685525	<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 MCMICHAEL, PAIGE ESQ CASELLA & MCMICHAEL, PA 1432 FIRST STREET, SUITE C SARASOTA FL 34236

10. If changed, new Registered Agent/Office Name MCMICHAEL, PAIGE Street Address (P.O. Box Number is Not Acceptable) 829 W MARTIN LUTHER KING Suite, Apt. #, etc. SUITE 101 City TAMPA, FL	Zip Code 33603
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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 **10/2/97**

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
CROSS EQUITIES, INC.	1432 FIRST STREET, SUITE C 829 W MARTIN LUTHER KING LUTHER KING KING TAMPA FL 33603	SARASOTA FL 34236 TAMPA, FL	P96000029366 000002482920--2 -04/08/98--01076--020 *****51.50 *****51.50
			0000024829203--2 -04/08/98--01076--021 *****490.00 *****490.00

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 _____ DATE **10/2/97**

Typed or Printed Name of General Partner Signing Form **PAIGE MCMICHAEL, PRESIDENT, CROSS EQUITIES, INC.** Telephone Number **941/382-2028**

CR2E003 (6/97)