



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 MAR 10 PM 1:26 	
1. Name of Limited Partnership ARETE DIVERSIFIED HEDGE FUND MARIOOPA DIVERSIFIED FUTURES FUND, LIMITED PARTNERSHIP		1a. DOCUMENT # A96000001049			
Mailing Address 10621 AIRPORT PULLING ROAD, #1 NAPLES FL 34109		Principal Office Address 10621 AIRPORT PULLING ROAD, #1 NAPLES FL 34109		3. Date Formed or Registered 06/03/1996 3a. Date of Last Report 02/03/1997 4. State or Country of Formation FL	
2. Mailing Address 5551 RIDGEWOOD DR Suite, Apt. #, etc. #305 City & State NAPLES, FL Zip 34108		2a. Principal Office Address 5551 RIDGEWOOD DR Suite, Apt. #, etc. #305 City & State NAPLES FL Zip 34108		5a. Capital Contributions as Shown on record. \$0.00 5b. Amount of Capital Contributions in FLORIDA to date: \$184,000 6. FEI Number 59-3404286 <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 SORRENTINO, ROBERT J 10621 AIRPORT PULLING ROAD, #1 NAPLES FL 34109		10. If changed, new Registered Agent/Office Name FF \$526.25 Street Address (P.O. Box Number is Not Acceptable) 5551 RIDGEWOOD DR Suite, Apt. #, etc. #305 City NAPLES FL Zip Code 34108	
---	--	--	--

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) MARIOOPA ASSET MANAGEMENT, L SORRENTINO n/c filed 8/22/97	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10621 AIRPORT PULLING	11b. City, State & Zip Code NAPLES FL 34109	11c. Registration/Document Number L96000000230 400002451974--2 -03/10/98--01034--011 ***1814.25 ****526.25 dec
--	---	---	--

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 689, Florida Statutes.

SIGNATURE _____

DATE 12/29/97

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2003 (6/97)