FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

OETZMAN FAMILY LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A96000001157

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Malling Address	Principal Office Address		3, Date Formod or Registered	5a. Capital Contributions as Shown on record.	
1071 FAIRVIEW LANE 1071 FAIRVIEW LANI			06/17/1996	\$3,000,000.00	
RIVIERA BEACH FL 33404	RIVIERA BEACH FL 33404		3a. Date of Last Report		
			12/06/1996	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	····	4. State or Country of Formation	10 date:	
				899,200,00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		65-0670911	Not Applicable	
Zip Country	7ip Country		7. Certificate of Status Desirod	\$8.75 Additional Fee Required	
		1.17		8. Make check payable to: Dept. of State (See reverse side for fee Information)	
9. Name and Address of Co	urrent Registered Agent		10. If changed, now Regis	ered Agent/Office	
OETZMAN, BARBARA W 1071 FAIRVIEW LANE RIVIERA BEACH FL 33404		Namo			
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
					City Zip Code
				Oily	
or the purpose of changing its registered offi egent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	nt) <u>.</u>		DA	JE	
M	UST BE REGISTERED AT	ND ACTIVI	E WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office	eral Parlner Box Numbers)	11b. City, State & Zip Code	Registration/ Document Number	
OETZMAN, BARBARA W	1071 FAIRVIEW LANE		RIVIERA BEACH FL 3340		
			30000 -12/ ***	29704130 12/9701036002 *541.25 ****541.25	
Note: General partners MAV N	IOT be changed on this for	m' an ame	ndment must be filed to a	hange a general partner	

t 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), Fiorida Statutes. Frolease 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 logal effects as if made under eath. 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.

DATE / CRE 2, 1997

Typed or Printed Name of Gonoral Partner Signing Form Daytime Telephone Number