



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 97 OCT -1 AM 11:35	
1. Name of Limited Partnership LAKE HARRIS, LTD.		1a. DOCUMENT # A96000001558			
Mailing Address 13341 SOUTHRIDGE INDUSTRIAL DRIVE TAVARES FL 32778		Principal Office Address 13341 SOUTHRIDGE INDUSTRIAL DRIVE TAVARES FL 32778		3. Date Formed or Registered 08/21/1996	
2. Mailing Address P.O. Box 1449 Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record \$1,000,000.00	
City & State TAVARES, FLA		City & State		3a. Date of Last Report 03/06/1997	
Zip 32778		Country LAKE		4. State or Country of Formation FL	
6. FEI Number 59-3395124		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5b. Amount of Capital Contributions in FLORIDA to date: 1,000,000.00	
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 VASON, ROBERT F. JR. 225 WEST FIFTH AVENUE MOUNT DORA FL 32757		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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 _____


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) LAKE HARRIS RIDGE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 13341 SOUTHRIDGE INDU	11b. City, State & Zip Code TAVARES FL 32778	11c. Registration/Document Number P96000062530
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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 **9/27/97**

Typed or Printed Name of General Partner Signing Form: **Richard Baugh** Daytime Telephone Number _____

CR2E003 (6/97)