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

1. Name of Limited Partnership

DOCUMENT # A96000001742

FILED 97 OCT 17 PM 2: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA



VALLEY FAMILY PARTN	ERS, LTD.		1 102/04/1 1910 TOTAD DIVIN DONIN	
Mailing Address 7297 W. OAKRIDGE CIRCLE LANTANA FL 33462	Principal Office Address 7297 W. OAKRIDGE CIRCLE LANTANA FL 33462	3. Date Formed or Registered 09/18/1996 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$850,200.00	
2. Malling Address	2a. Principal Office Address	04/09/1997 4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	6. FEI Number 65 - 07	6. FEI Number 65 - 074042 Applied For APPLIED FOR Not Applicable	
Zip Country	Zip Country	7. Certificate of Status Desired 8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee Information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
LEINONEN, TAINA H	Name		
508 LUCERNE AVENUE	Street Address (P.O. Box Number Is Not Acceptable)		
LAKE WORTH FL 33460	Suite, Apt. #, etc.		
	City 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)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. Document Number VALLEY, CARL 36-46 RIVER RD. C/O A CHATHAM NJ 07928 REGINA K. VALLEY, AS TRUSTEE 7297 W. OAKRIDGE CIRC LANTANA FL 33462

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling 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 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

Typed or Printed Name of General Parlner Signing Form

DATE Oct , 15, 1997

Daylime Telephone Number