

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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

90 APR - 8 PM 3:04

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002012

SPRING VALLEY FINANCING PARTNERSHIP, LTD.



Mailing Address

Principal Office Address

C/O DARYL B. CRAMER, P.A.
250 AUSTRALIAN AVE. SOUTH, STE. 201
WEST PALM BEACH FL 33401-5010

C/O DARYL B. CRAMER, P.A.
250 AUSTRALIAN AVENUE SOUTH, SUITE 201
WEST PALM BEACH FL 33401

3. Date Formed or Registered

10/29/1996

5a. Capital Contributions as Shown on record

\$1,300,000.00

3a. Date of Last Report

04/08/1997

5b. Amount of Capital Contributions in FLORIDA to date:

\$1,300,000.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

c/o Daryl B. Cramer, P.A.

c/o Daryl B. Cramer, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

515 North Flagler Dr. #910

515 North Flagler Dr. #910

City & State

City & State

West Palm Beach, FL 33401

West Palm Beach, FL 33401

Zip

Country

Zip

Country

6. FEI Number

65-0705343

Applied For
 Not Applicable

7. Certificate of Status Desired



\$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

10. If changed, new Registered Agent/Office

DARYL B. CRAMER, P.A.
ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVENUE SOUTH, SUITE 201
WEST PALM BEACH FL 33401-5010

Name
Daryl B. Cramer, P.A.

Street Address (P.O. Box Number Is Not Acceptable)
515 North Flagler Drive

Suite, Apt. #, etc.
Suite 910

City
West Palm Beach

Zip Code
FL 33401-4325

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)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/ Document Number

SPRING VALLEY GENERAL PARTNE

250 AUSTRALIAN AVENUE

WEST PALM BEACH FL 33

P98000079941

600002485586-2
-04/10/98-01114-011
3210.00 *535.00

\$535.00

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.

SPRING VALLEY GENERAL PARTNER, INC.

SIGNATURE

By:

William P. Myers

DATE

April 2/98

Typed or Printed Name of General Partner Signing Form

William P. Myers, its President

Daytime Telephone Number

905/882-1212

CP-2E003 (2/97)