

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
97 DEC 15 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12/17

1. Name of Limited Partnership IDLEWILD, LTD.		1a. DOCUMENT # A97000000261	
2. Mailing Address 10549 N. FLORIDA AVENUE SUITE K TAMPA FL 33612		2a. Principal Office Address 10549 N. FLORIDA AVENUE SUITE K TAMPA FL 33612	
3. Date Formed or Registered 01/29/1997		5a. Capital Contributions as Shown on record. \$1,811,700.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 59-3426085	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

9. Name and Address of Current Registered Agent MYERS, PARK 10549 N. FLORIDA AVENUE SUITE K TAMPA FL 33612		10. If changed, new Registered Agent/Office Name W. Parkinson Myers Street Address (P.O. Box Number Is Not Acceptable) 13902 N. Dale Mabry Hwy. Suite, Apt. #, etc. Suite 165 City Tampa Zip Code FL 33618	
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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) W. Myers DATE 12/16/97

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) CORO INVESTMENTS OF HILLSBOR	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10549 N. FLORIDA AVEN	11b. City, State & Zip Code TAMPA FL 33612	11c. Registration/Document Number P9600001974
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CR2E003 (6/97)

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 W. Myers DATE 12/16/97
Typed or Printed Name of General Partner Signing Form W. Parkinson Myers Daytime Telephone Number 813-960-1006