

**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

98 MAR 19 AM 11:45

1. Name of Limited Partnership **1a. DOCUMENT #**
A97000000350

SILVER SPRINGS SHORES LAND TRUST, LTD.



Mailing Address **Principal Office Address**
101 N.E. FIRST AVENUE 101 N.E. FIRST AVENUE
OCALA FL 34470 OCALA FL 34470

3. Date Formed or Registered
02/07/1997

5a. Capital Contributions as Shown on record.
\$1,450,000.00

3a. Date of Last Report

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

2. Mailing Address **2a. Principal Office Address**

4. State or Country of Formation
FL

Suite, Apt. #, etc. Suite, Apt. #, etc.

6. FEI Number Applied For
 Not Applicable
59-3424591

City & State City & State

7. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
MCKEEVER, JOHN P
2100 S.E. 17TH STREET, SUITE 300
OCALA FL 34471

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable) **500002465585--9**
Suite, Apt. #, etc. **-03723798--01124--006**
City *****526.25 ***526.25** Zip Code
FL

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
SPRINGS SHORES INVESTMENTS,	101 N.E. FIRST AVENUE	OCALA FL 34470	P97000012531

Handwritten signature and date: 3-19

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 *[Signature]* DATE **3-18-98**

CR2E003 (12/97)