

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 MAY -7 PM 12:02

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000439

UTOPIA DESIGN RENOVATIONS, LTD.



Mailing Address

Principal Office Address

1655 PALM BEACH LAKES BLVD., STE. 900
 WEST PALM BCH. FL 33401

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 WEST PALM BCH. FL 33401

3. Date Formed or Registered

02/11/1997

5a. Capital Contributions
 Shown on records

\$ 1,000

3a. Date of Last Report

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

\$1,000-

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0741992

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

ZARETSKY, RICHARD P
 1655 PALM BEACH LAKES BLVD., STE. 900
 WEST PALM BCH. FL 33401

10. If changed, new Registered Agent/Office

Name

FF \$141.25

Street Address (P.O. Box Number Is Not Acceptable)

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)

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)

SOMAX MANAGEMENT COMPANY
 RESIDENTIAL REHAB, INC.

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

1655 PALM BEACH LAKES
 1060 CORAL WAY

11b. City, State & Zip Code

WEST PALM BCH. FL 334
 RIVIERA BEACH FL 3340

11c. Registration/
 Document Number

S59962

P98000042739

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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

[Signature]

DATE

4/6/98

Typed or Printed Name of General Partner Signing Form

RICHARD A. ZARETSKY

Daytime Telephone Number

561 689 6660

CR2E03 (12/97)