FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITEÐ PARTNERSHIP ANNUAL REPORT 1998



THE KREMSER FAMILY LIMITED PARTNERSHIP SOUTH

empowered to execute this report as required by chapter 620, Florida Statutes

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A97000000479** SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 26 PH 4: 11



Malling Address	Principal Office Address		3. Date Formed or Regis	lered 5a. Capi Show	ita! Contributions as wn on record.	
191 SOUTH RIVER ROAD	131 SOUTH RIVER ROAD STUART FL 34996		02/20/1997	7		
STUART FL 34996			3a. Date of Last Report		\$502,424.00	
			NA	5b. Amo	ount of Capital Inbutions in FLORIDA	
0	20 0:-:		4. State or Country of For	rnation to de	ate:	
2. Malling Address	28. Principal Office Addr	ess	FL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For	
City & State	City & State		65.073	37583	Not Applicable	
			7. Certificate of Status De		\$8.75 Additional	
Zip Country	Ζιp	Country	8. Make check payable to	o: Dept. of State (See re	Fee Required	
9. Name and Address of Current Registered Agent SOPKO, JAMES ESQ.			10. If changed, new Registered Agent/Office			
		Name				
2307 S.E. MONTEREY ROAD		Street Address (P.0		(P.O. Box Number Is Not Acceptable)		
STUART FL 34994		Suito, Apt. #, etc.				
		City			Zip Code	
for the purpose of changing its registered office	e or registered agent, or both, in the Stat	le of Florida. Such char	ership organized or registered under the	FL allows of the State of Floor(s). I heroby accept the	rida, submits this stateme	
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	ee or registored agont, or boll, in the Stat alions of section 620, 192, Fiorida Statute t) AT IS A CORPORATIC JST BE REGISTERED	vo-named limited partivite of Florida. Such chars. ON, LIMITED AND ACTIV	nge was authorized by its general partners. PARTNERSHIP OR (blaws of the State of Flo or(s). I hereby accept the	rida, submits this stateme e appointment of register NESS ENTIT	
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the change of the contract of the contract of the contract of the purpose of the	pe or registored agont, or bolli, in the Stat ations of section 620 192, Fiorida Statuter The AT IS A CORPORATIO	vo-named limited partin te of Florida. Such char s. DN, LIMITED DAND ACTIV	nge was authorized by its general partners. PARTNERSHIP OR (DATE DATHER BUSIES	rida, submits this stateme e appointment of register	
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the change of the control of the co	the or registored agont, or boll, in the States alions of section 620 192, Fiorida Statuter AT IS A CORPORATION BE REGISTERED Address of Each	vo-named limited partitle of Florida. Such chars. DN, LIMITED AND ACTIVE General Partner Office Box Numbers)	PARTNERSHIP OR (DATE DATE 11c.	rida, submits this stateme e appointment of registers NESS ENTITY Registration/	
agent. I am familiar with, and accept the obligation of the obligation of General Partners. A GENERAL PARTNER THAML Name(s) of General Partner(s)	to or registored agont, or boll, in the Statations of section 620 192, Fiorida Statuter AT IS A CORPORATIO JST BE REGISTERED Address of Each 11a. (Do NOT Use Post C	vo-named limited partitle of Florida. Such chars. DN, LIMITED AND ACTIVE General Partner Office Box Numbers)	PARTNERSHIP OR C/E WITH THIS OFFIC 11b. City, State 8 7ip Code STUART FL 34996	DATE DATE 11c.	INESS ENTITY Registration/ Document Number 7000017422	
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	AT IS A CORPORATION AND A CORPORATION AT IS A CORPORATION AND A CO	vo-named limited partitle of Florida. Such chars. ON, LIMITED AND ACTIVE General Partiner Office Box Numbers)	PARTNERSHIP OR C /E WITH THIS OFFIC 11b. City, State & Zip Code STUART FL 34996	DATE DATE DTHER BUSI E. 11c. P9 2/09/970	rida, submits this stateme appointment of register NESS ENTIT Registration/ Document Number 7000017422	

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