

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 12 AM 11:27

1. Name of Limited Partnership 922 LUCERNE AVENUE, LTD.	1a. DOCUMENT # A97000001305
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01/21

Mailing Address 11148 HEARTWOOD PLACE WEST PALM BEACH FL 33414	Principal Office Address 11148 HEARTWOOD PLACE WEST PALM BEACH FL 33414
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 06/12/1997	5a. Capital Contributions as Shown on record. \$100,000.00
3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	
6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	7. Certificate of Status Desired <input type="checkbox"/> \$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 CHERRY, RICHARD G 1665 PALM BEACH LAKES BLVD., STE 600 WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office Name: 900002409519--3 Street Address (P.O. Box Number is Not Acceptable): 01/22/98 01123 024 Suite, Apt. #, etc.: ***541.25 ***541.25 City: FL Zip Code
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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) _____ 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
922 LUCERNE AVENUE, INC.	11148 HEARTWOOD PLACE	WEST PALM BEACH FL 33	P97000051838

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 *922 Lucerne Ave, Inc. By [Signature]* DATE *12-31-97*
 Typed or Printed Name of General Partner Signing Form *922 Lucerne Ave, Inc. By Agent Sandra B. Mortham* Daytime Telephone Number *561-993-9117*

CRE003 (6/97)