

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 13 AM 9:41

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001384

THE DILLY GROVE LIMITED PARTNERSHIP AGREEMENT



Mailing Address

610 SOUTHARD STREET
KEY WEST FL 33040

Principal Office Address

610 SOUTHARD STREET
KEY WEST FL 33040

3. Date Formed or Registered

06/23/1997

5a. Capital Contributions as Shown on record

\$1,500,000.00

3a. Date of Last Report

NA

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

4. State or Country of Formation

FL

2. Mailing Address

610 SOUTHARD ST. REAR

2a. Principal Office Address

SAME

Suite, Apt. #, etc.

KEY WEST FLA.

Suite, Apt. #, etc.

City & State

33040 MONROE

City & State

Zip

Country

Zip

Country

6. FEI Number

X65076 0097

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

BOHATCH, JOHN S
610 SOUTHARD STREET
KEY WEST FL 33040

10. If changed, new Registered Agent/Office

Name

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

500002434105--4

Suite, Apt. #, etc.

-02/18/98--01055--003

City

****526.25 ****526.25

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)

BRUCE, BENJAMIN
CARTER, LINDA

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

610 SOUTHARD STREET
610 SOUTHARD STREET

11b. City, State & Zip Code

KEY WEST FL 33040
KEY WEST FL 33040

11c. Registration/ Document Number

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

Linda K. Carter

DATE

2/5/98

Typed or Printed Name of General Partner Signing Form

LINDA K. CARTER

Daytime Telephone Number

305 244-6886

CRE003 (12/97)