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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SECRETARY OF STAIL TALLAHASSEE, FLORIDA

1. Name of Limited Partnership		1a. DOCUMENT # A9700001681							
ALMER AIR LIMIT									
		<i>5</i> 1				6	IL 12/26		
Mailing Address		Principal Office Address			3. Date Formed or Registered	5a. Capital Confributions as Shown on record.			
8588 POTTER PARK DRIVE. SU SARASOTA FL 34238	TE 500	8588 POTTER PARK DRIVE. SUITE 500 SARASOTA FL 34238			07/31/1997 3a. Dale of Last Report	\$2,722,500.00 5b. Amount of Capital Contributions in FLORIDA to date			
					None 4. State or Country of Formation				
2. Malling Address		2a. Principal Office Address			·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			FL \$2		22,500.00		
00		0			65-0769699	Applied For Not Applicable			
City & State		City & State Zip Country			7. Certificate of Status Desired		\$8.75 Additional Fee Required		
Žip Co	untry				8. Make check payable to: Dept. of State (See reverse side for fee information				
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office					
KELLY, PETER J			Name						
501 EAST KENNEDY BL	VD., SUITE 1400	Street Address (Suite, Apt. #, etc.		ress (P.O. Bo). Box Number Is Not Acceptable)				
TAMPA FL 33602				#, etc.					
			City			FL	Zip Code		
for the purpose of changi	s of sections 620,1051 and 62 ng lts registered office or regi and accept the obligations of	stered agent, or both, in the	o State of Florida. Such cha	ership orgar ngo was aut	nized or registered under the laws of thorized by its general partner(s). I her	e State of Florid bby accept the	da, submits this statement appointment of registered		
SIGNATURE (Registered Agent Ac	 	4 00DD0D4	TION LIMITED	DADT	NEDCUID OD OTHE		IECC ENTITY		
A GENERAL PAI	RINEH IHAI IS MUST I	BE REGISTER	ED AND ACTIV	VE WIT	NERSHIP OR OTHE TH THIS OFFICE.	n buşir	IESS ENTITY		
11. Namo(s) of General Pa	riner(s)	11a. Address of (Do NOT Use F	Each General Partner Post Office Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Decument Number		
		8588 POTTER P	R PARK DRIV		SARASOTA FL 34238		P96000098914		
					000002 -12/30 *****	385 78701 41.25	7501 1045043 ****541.25		

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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of inplince 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 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 trusted by chapter 62%, Fip. ida Statylis. Corporations from any liability of non-compli this annual report is true and accurate app empowered to execute this report as re

SIGNATURE

DATE December 4/2, 1997 (305) 371-3600