

**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
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FILED
98 NOV -2 AM 10:30



1. Name of Limited Partnership CASTRO RESIDENTIAL REAL ESTATE FAMILY LIMITED PARTNERSHIP	1a. DOCUMENT # A97000002042
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2. Mailing Address 237 SOUTH VOLUSIA AVENUE ARCADIA FL 33821	2a. Principal Office Address 237 SOUTH VOLUSIA AVENUE ARCADIA FL 33821	3. Date Formed or Registered 09/18/1997	5a. Capital Contributions as Shown on record. \$20,500.00
4. State or Country of Formation FL		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
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 CASTRO, MARIA E 237 SOUTH VOLUSIA AVENUE ARCADIA FL 33821	10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ State 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) CASTRO, JOSE A	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 237 SOUTH VOLUSIA AVE	11b. City, State & Zip Code ARCADIA FL 33821	11c. Registration/Document Number 300002685013-8 -11/10/98--01093--002 ****984.50 ****964.50 REINSTATEMENT 08.99 dec dec
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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 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 law.

SIGNATURE *Jose A Castro* DATE 4/22/98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (12/97)