

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

97 DEC 18 PM 12:09

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12/22

1. Name of Limited Partnership C.H.I. Properties Ltd.	1a. DOCUMENT # A97000002404
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2. Mailing Address 2665 N.E. 37th Drive Ft. Lauderdale FL 33308	2a. Principal Office Address 2665 N.E. 37th Drive Ft Lauderdale FL 33308	3. Date Formed or Registered 11/03/97	5a. Capital Contributions as Shown on record. \$1,800,000
Suite, Apt. #, etc. City & State Zip Country	Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 4. State or Country of Formation Florida	5b. Amount of Capital Contributions in FLORIDA to date: \$1,800,000
		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

Clinton M Tarkoe
1040 Bayview Drive #424
Ft Lauderdale FL 33304

10. If changed, new Registered Agent/Office

Name: C.H.I. Properties, Inc.
Street Address (P.O. Box Number Is Not Acceptable): 2665 N.E. 37th Drive
Suite, Apt. #, etc.:
City: Fort Lauderdale FL Zip Code: 33308

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.

X SIGNATURE (Registered Agent Accepting Appointment) *Fred R. Millsaps* As Its President 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) C.H.I. Properties Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2665 N.E. 37th Dr.	11b. City, State & Zip Code Ft Lauderdale FL 33304	11c. Registration Document Number P97000002404- P97006092273 800002380338--2 -12/23/97--01048--012 ***541.25 ***541.25
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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 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 *X* *Fred R. Millsaps* DATE _____
 Typed or Printed Name of General Partner Signing Form: Fred R. Millsaps Pres. CHIProperties Inc

CRE003 (6/97)