


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership		1a. DOCUMENT # A95000001162	
DEALERSHIP PROPERTIES, LTD.		98-AR CM	
Mailing Address 350 S. LAKE DESTINY DR. STE. 200 ORLANDO FL 32810		Principal Office Address 350 S. LAKE DESTINY DR. STE. 200 ORLANDO FL 32810	
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 07/31/1995	5a. Capital Contributions as Shown on record. \$1,500,000.00
3a. Date of Last Report 12/30/1996	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 59-3334040	<input 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 HUMPHRIES, J. GREGORY 201 EAST PINE ST. STE. 701 ORLANDO FL 32804	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 20 North Orange Ave. Suite, Apt. #, etc. Suite 1000 City Orlando FL 32801-4626
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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 1-5-98

**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
FIRST TEAM MANAGEMENT, INC.	350 S. LAKE DESTINY D	ORLANDO FL 32810	J22375
600002398836--7 -01/13/98--01030--014 ****541.25 ****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 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 By: W. Warner Peacock, Vice Pres. of
First Team Management, Inc.

DATE 1/5/98
407-660-2224

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)