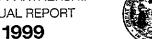
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

	•		
LIMITED PARTNERSH			
ANNUAL REP	ORT		



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State. DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# 1a. A98000002348

FILED 98 DEC 30 AM 9: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA

SHAMROCK ADVENTURE XXXII	, LTD. Ya	1, the	١	-			
Mailing Address Principal Office Address				Date Formed or Registeréd Shown on record.			
2401 Fountainview, Ste. 801 2401 Fountainview,			801				
Houston TX 77057	Houston TX 77057	Houston TX 77057		3a. Date of Last Report			
					5b. Amour Contrib	outions in FLOHIDA	
2. Mailing Address 2a. Principal Office Address				4. State or Country of Formation FL			
				\$980.00			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 76-0585008	Applied For		
City & State	City & State	City & State		7. Certificate of Status Desired	Not Applicable		
Zip Country	Zip	Zip . Country		7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)			
8. Make check paya				8. Make check payable to: Dept. of	/able to: Dept. of State (See reverse side for lee information)		
Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
		Name					
CORPORATION COMPANY OF ME 201 SOUTH BISCAYNE BLVD.	IMMI	Street Address (P.O. Box Number Is Not Acceptable)					
1600 MIAMI CENTER		Cuito Ant 8					
MIAMI FL 33131		Suite, Apt. #, etc.					
FRIGHT IN JOIGI		City	City FL Zip Code				
10a. Pursuant to the provisions of sections 620.16 for the purpose of changing its registered of agent. I am familiar with, and accept the obtained to the control of the c	fice or registered agent, or both, in the State of F	med limited partne Florida, Such chan	ership organiz ge was autho	ted or registered under the laws of the orized by its general partner(s), I here	ne State of Floric by accept the a	a, submits this statement appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)				DATE			
A GENERAL PARTNER TH	IAT IS A CORPORATION, IUST BE REGISTERED A	LIMITED ND ACTIV	PARTNE WITI	IERSHIP OR OTHE H THIS OFFICE.	R BUSIN	IESS ENTITY	
11. Name(s) of General Partner(s)	Address of Each Gen-	arai Bartana	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
CHRISMART, INC.	12210 VALLEY STA		HOUS	TON TX 77024	F95	000003100	
•				400002 -01/22, ****1	7522 783-31 41.25	'44- ~E 115010 ****141.25	
•							

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 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 trustees empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE.

Typed or Printed Name of General Partner Signing

Martin T. Hogan, President

December 29, 1998