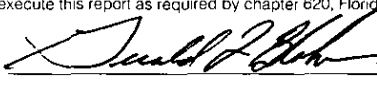


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 DEC 26 PM 2:17	
1. Name of Limited Partnership Southeast Community Development, Ltd.		1a. DOCUMENT # A97000001562			
Mailing Address 664 S. Military Trail Deerfield Beach, FL 33442		Principal Office Address 664 S. Military Trail Deerfield Beach, FL 33442		3. Date Formed or Registered 7/16/97	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 4. State or Country of Formation Florida	
				5a. Capital Contributions as Shown on record. \$9,800.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 65-0770168 ☐ Applied For ☐ Not Applicable	
				7. Certificate of Status Desired ☐ \$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 Carol A. Licko Thomson Muraro Razook & Hart, P.A. 1700 Sun Trust International Center One Southeast Third Avenue Miami, FL 33131				10. If changed, new Registered Agent/Office Name 900002398849-7 -01/13/98-01091-010 Street Address (P.O. Box Number is Not Acceptable) ***203.75 ***203.75 Suite, Apt. #, etc. City FL Zip Code	
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.					
ii. Name(s) of General Partner(s) Southeast Community Properties, Inc. Gerald F. Blake, President		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 664 S. Military Trail		11b. City, State & Zip Code Deerfield Beach, FL 33442	
				11c. Registration/Document Number P97000045225	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
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  DATE 12/15/97					
Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____					

CR2E003 (6/97)