

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 OCT 15 AM 10:50

1. Name of Limited Partnership

1a. DOCUMENT #
A02244

PERIMETER DEVELOPMENT, LTD.



Mailing Address

Principal Office Address

**2811 S.W. 32ND AVE.
OCALA FL 34474-3302**

**2811 S.W. 32ND AVE.
OCALA FL 34474-3302**

3. Date Formed or Registered

06/06/1973

5a. Capital Contributions as Shown on record

\$330,000.00

3a. Date of Last Report

10/30/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

P.O. Box 770-668

2a. Principal Office Address

1301 SW 37th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

59-1507458

Applied For
 Not Applicable

City & State

Ocala, FL

City & State

Ocala, FL

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

34477-0668

Country

U.S.A.

Zip

34474

Country

U.S.A.

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**GOEBEL, DOROTHY C.
2811 S.W. 32ND AVE.
OCALA FL 34474-3302**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

5072 NW 80th Ave. Rd.

Suite, Apt. #, etc.

City

Ocala

FL

Zip Code

34482

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)

GOEBEL, DOROTHY C.

LEE, ROBERT

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**5072 NW 80th Ave. Rd.
2811 S.W. 32ND AVE.
5072 NW 80th Ave. Rd.
2811 S.W. 32ND AVE.**

11b. City, State & Zip Code

OCALA FL 34482

OCALA FL 34482

11c. Registration/Document Number

**900002325559--0
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****541.25 ****541.25**

KWM

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

Dorothy C. Goebel

DATE

Typed or Printed Name of General Partner Signing Form

DOROTHY C. GOEBEL

Daytime Telephone Number

352-237-5900

CRCE003 (6/97)