

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -1 AM 11:09

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1a. DOCUMENT #
A02460



PEACE RIVER RANCHES, LTD.

Mailing Address 4632 SEMINOLE ST. FT. MYERS FL 33905	Principal Office Address 1956 MARVILLA AVE. FT. MYERS FL 33901 US	3. Date Formed or Registered 09/14/1973	5a. Capital Contributions as Shown on record. \$80,000.00
2. Mailing Address	2a. Principal Office Address 4632 Seminole St	3a. Date of Last Report 11/08/1996	5b. Amount of Capital Contributions in FLORIDA date: \$38,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-1528854 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State Ft Myers FL	City & State Ft Myers FL	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip 33905	Country US		

9. Name and Address of Current Registered Agent KULHAN, THEODORE A. 4632 SEMINOLE ST.. FT. MYERS FL 33905	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 620.193, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 11/26/97

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) KULHAN, THEODORE A.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4632 SEMINOLE	11b. City, State & Zip Code FT. MYERS FL 33905	11c. Registration/ Document Number 300002363643--1 -12/04/97--01111--019 ****413.50 ****413.50 dec
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Theodore A. Kulhan

11/26/97
941-694-5119

CP2E003 (6/97)