

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 23 AM 11:06

#2115

1. Name of Limited Partnership

1a. DOCUMENT #
A02490



CONTINENTAL REAL ESTATE PARTNERS, LTD.

Mailing Address

WOOD RIDGE ROAD
GLEN ARBOR MI 49636

Principal Office Address

WOOD RIDGE ROAD
GLEN ARBOR MI 49636

3. Date Formed or Registered

10/02/1973

5a. Capital Contributions as Shown on record

\$8,543,639.00

3a. Date of Last Report

10/18/1996

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

\$8,543,639.00

4. State or Country of Formation

MA

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

6. FEI Number

04-2523977

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

KURAS, ROBERT A
% LAKELAND MALL
1106 E. MEMORIAL BLVD.
LAKELAND FL 33801

10. If changed, new Registered Agent/Office

Name

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

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.

11. Name(s) of General Partner(s)

THE BAYBERRY GROUP, INC.

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

WOOD RIDGE ROAD

11b. City, State & Zip Code

GLEN ARBOR MI

11c. Registration/Document Number

F9400002862

100002390851 -- 9
-01/06/98--01045--008
****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 *Shirley K Debelack*

DATE *12/12/97*

Typed or Printed Name of General Partner Signing Form

Shirley K Debelack, Treasurer

Daytime Telephone Number

616-334-5501

CR2E003 (6/97)