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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

COPERNICUS ASSOCIATES (LTD.)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A03758**

FILED 97 DEC 24 AM 11: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Malling Address P. O. BOX 68 TALLAHASSEE FL 32302	P. O. BOX 68		3. Date Formed or Registered 06/12/1974 38. Date of Last Report		5a. Capital Contributions as Shown on record. \$8,500.00		
2. Mailing Address Sulte, Apt. #, etc. City & State Zip Country	28. Principal Office Address Suite, Apt. #, etc. City & State Zip Country			12/13/1996 4. State or Country of Formation FL 6. FET Number 59-1535341 7. Certificate of Status Desired 8. Make check payable to: Dopt. of	5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable \$8.75 Additional Fee Required If State (See reverse side for fee Information)		
9. Name and Address of Cu	rrent Registered Agent			10, If changed, new Registere	d Agent/Office		
		Stroot Address (F.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 2ipCode The inited limited partnership organized or registered under the laws of the State of Florida, submits this statement Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered					
SIGNATURE (Registered Agent Accopting Appointment	ψ.			DATE			
A GENERAL PARTNER TH	AT IS A CORPORATION JST BE REGISTERED A	LIMITED	PARTI	NERSHIP OR OTHE	R BUSII	NESS ENTITY	
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (De NOT Use Post Office Box Numbers) 1		City, State & Zip Code	11c.	Registration/ Document Number	
COPERNICUS MGMNT. CORP		310 WEST JEFFERSON ST		TALLAHASSEE FL 32301		J62902	
				400002: -12/29. ****16	79701	124	
Note: General partners MAY N	OT be changed on this fo	rm; an am	endmer	nt must be filed to cha	ange a ge	eneral partner.	

12. To 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), Fiorida 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 eath. 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.

By: Copernicus Management Corp General Partner

SIGNATURE .

Typed or Printed Name of General Partner Signing Form

Pepper, President

12/17/97

(850) 224-2141

Daytime Telephone Number .