## 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

1. Name of Elmited Partnership

1e. DOCUMENT # A04423 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 29 AM 11: 48

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| Principal Office Address 1226 COMMERCE STREET SUITE 300 DALLAS TX 75202-4328                                 |   | 3, Date Formed or Registered 07/28/1975 3a. Date of Last Report  | 5a. Capital Contributions as Shown on record \$4,192,050.00  |  |
|--|---|--|--|--|
| SUITE 300  |   |  | <b>-  \$4,192,050.00</b>   |  |
| DALLAS TX 75202-4328   |   | - dr. bara ar Laar Hoper   |  |  |
|  |   | 01/16/1997   |  |  |
|  |   | 4. State or Country of Formation   | 5b. Amount of Capita' Contributions in £1 ORIDA to date  |  |
| 2a. Principal Office Address   | 2a. Principal Office Address  |  |  |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   |  | Applied For Not Applicable   |  |
| City & State   | City & State  |  |  |  |
| 7  | Zu  |  | \$8.75 Additional Fee Required   |  |
| Σib  | Country   | 8. Make check payable to: Dept. of   | f State (See reverse side for fee information  |  |
| urrent Registered Agent  |   | 10. If changed, new Registers  | ad Agent/Olf ce  |  |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525                                       |   | Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc   |  |  |
|  |   |  | FI Zip Code  |  |
| ice or registered agent, or both, in the State of F<br>gations of section 620-192, Florida Statutes<br>int). | lorida. Such change w   | vas authorized by its general partner(s). Ther  DATE  ARTNERSHIP OR OTHE   | reby accept the appointment of registorer  |  |
| Address of Foots Com   | rel Bertiner  |  | 11c. Registration/   |  |
|  | CONTROL OF  |  | F21524   |  |
| TEES SOMMENOE STALL  | ,   |  | 23:992001<br>4/9801003024<br>541.25 ****541.25   |  |
|  | Suite, Apt. #, etc.  City & State  7ip  urrent Registered Agent  state of Figure 1 and 620 192, Florida Statutes, the above narrice or registered agent, or both, in the State of Figure 1 and 520 192, Florida Statutes  at IS A CORPORATION, UST BE REGISTERED All  11a. (Do NOT Use Fost Office) | Suite, Apt. #, etc.  City & State  Zip Country  Lurrent Registered Agent  Name Street Address (f Suite, Apt. #, etc.  City  Street Address (f Suite, Apt. #, etc.  City  Suite, Apt. #, etc.  City  At IS A CORPORATION, LIMITED PAUST BE REGISTERED AND ACTIVE  11a. (Do NOT Use Fest Office Box Numbers)  11 | Suite, Apt. #, etc.  City & State  7. Certificate of Status Desired  7. Certificate of Status Desired  7. Certificate of Status Desired  8. Make check payable to: Dopt. of  10. If changed, new Registered Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc  City  51 and 620 192, Florida Statutes, the above named limited pattnership organized or registered under the laws of the corregistered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Therefore, and the section 620 192, Florida Statutes  11. DATE  AT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHE UST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11a. (Do NOT Use Post Office Box Numbers)  11b. City. State & Zip Code |  |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Lyo 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. Frelease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information is upplied 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 logal 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.

SIGNATURE .

John

 $\mathcal{A}$ .

Digle

DATE 12/22/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 214-741-9870

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