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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

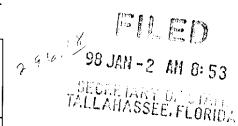


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCLIMENT #



MACPINE APARTMENTS, LTD. Malling Address Principal Office Address P.O. BOX 1327 WAUCHULA FL 33873 P. O. BOX 1327 WAUCHULA FL 33873 P. O. BOX 1327 WAUCHULA FL 33873 P. O. BOX 1327 WAUCHULA FL 33873 A. Date Formed or Registered Office Address P.O. Box 1327 WAUCHULA FL 33873 Date Formed or Registered P.O. Box On no recovery of Apport 12/20/1996 3a. Date of Last Report 12/20/1996 4. State or Country of Formation F.L Suite, Apt. #, etc. City & State 2ip Country Zip Country To Country To Country S. Make check payable to: Dept. of State State State P.O. Box Number is Not Acceptable) WHEELER, GEORGE T 1440 CITRUS DRIVE WAUCHULA FL 33873 Suite. Apt. #, etc.	
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Zip Country Zip Country State 7. Certificate of Status Desired \$8.7 Certificate of St	ied For
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1440 CITRUS DRIVE Street Address (P.O. Box Number Is Not Acceptable)	
WAUCHULA FL 33873 Suite. Apt. #, etc.	
City FL Zip Cod	e
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, submit 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 agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.	s this statement ant of registered
SIGNATURE (Registered Agent Accepting Appointment)	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	ENTITY
11 Name(s) of General Partner(s) 119 Address of Each General Partner 119 City Stello F 76 Codo 119 Regi	stration/ ent Number
WHEELER, JANICE P 3711 OAK HILLS RANCH ZOLFO SPRINGS FL 3389	
600002406936 -01/21/9801081 ****296, 18 *****2	5 020 96.18

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

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 Sociion 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. If under 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

anice P. Wheeler

DATE 12-29-97

941-375-2222