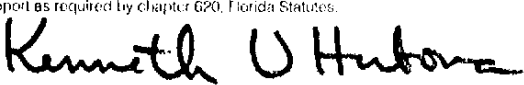


**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

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 18 PM 1:31 	
1. Name of Limited Partnership TALBOT PROPERTIES, LIMITED		1a. DOCUMENT # A06823			
Mailing Address 1615 WATROUS AVE. TAMPA FL 33606		Principal Office Address 1615 WATROUS AVE. TAMPA FL 33606		3. Date Formed or Registered 09/22/1978 3a. Date of Last Report 11/12/1996	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL 6. FLI Number 59-1894584 7. Certificate of Status Desired ☐ Applied For ☒ Not Applicable 8. Make check payable to: Dept. of State (See reverse side for fee information)	
5a. Capital Contributions as Shown on record. \$7,000.00 5b. Amount of Capital Contributions in FLORIDA to date.		5. State or Country of Formation FL 6. FLI Number 59-1894584 7. Certificate of Status Desired ☐ Applied For ☒ Not Applicable 8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent HUBONA, KENNETH U. 1615 WATROUS AVENUE TAMPA FL 33606		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State 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) HUBONA, KENNETH U. HUBONA, WILLIAM T.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4829 PURITAN CIRCLE 4108 TAOS DRIVE		11b. City, State & Zip Code TAMPA FL SAN DIEGO CA	
11c. Registration/Document Number 		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.			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
SIGNATURE  Typed or Printed Name of General Partner Signing Form		DATE 12-14-97 813-254-2406			

CR2E003 (6/97)