



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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sanford B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 JAN 28 PM 3:19</p> 	
1. Name of Limited Partnership WISTERIA GARDENS DAIRY, LTD.		1a. DOCUMENT # A07489			
Mailing Address 2899 WISTERIA FARM RD. GREEN COVE SPRINGS FL 32043		Principal Office Address 2899 WISTERIA FARM RD. GREEN COVE SPRINGS FL 32043		3. Date Formed or Registered 05/11/1979 3a. Date of Last Report 01/17/1997 4. State or Country of Formation FL 6. FEI Number 59-1919566 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$76,500.00 5b. Amount of Capital Contributions in FLORIDA to date	

9. Name and Address of Current Registered Agent WRIGHT, SAM R. 2899 WISTERIA FARM ROAD GREEN COVE SPRINGS FL 32043		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) WRIGHT, SAM R.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2899 WISTERIA FARM RD	11b. City, State & Zip Code GREEN COVE SPRGS FL	11c. Registration/Document Number 600002420366--7 -02/03/98--01093--016 *****88.75 *****88.75 600002420366--7 -02/03/98--01093--017 *****437.50 *****437.50
--	---	---	--

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

12. I 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 Sam R. Wright DATE 12-19-97
 Typed or Printed Name of General Partner Signing Form Sam R Wright Daytime Telephone Number 904 284-1420

CR2E003 (6/97)