## FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



BROAD ACRE MOBILE HOME ESTATES, LIMITED

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

ia. DOCUMENT # A088**56**  FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR 20 AM 11: 26



Mailing Address  3049 6TH STREET SOUTH	Principal Office Address 3049 6TH STREET SOUTH ST PETERSBURG FL 33705		3. Date Formed or Registered 05/05/1980	5a. Capital Contributions as Shown on record.
ST PETERSBURG FL 33705			3a. Date of Last Report 01/02/1997  4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Malling Address	2a. Principal Office Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2000813	Applied For
City & State	City & State		7. Certificate of Status Desired	Not Applicable  \$8.75 Additional
Zip Country	Zip Country		Fee Required      R. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current	10. If changed, new Registered Agent/Office			
for the purpose of changing its registered office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)		Street Address (P.O. Box Number in Not Acceptant 4 28/38 - 01079 - 016  Suite, Apt. #, etc. ####535.00 ####535.00  City Zip Code  amed 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  DATE  DATE		
MUS1	BE REGISTERED AN	ID ACTIVE	E WITH THIS OFFICE.	Pagistration/
11. Name(s) of General Partner(s)  INEAND MANUFACTURED HOMES, I	11a. (Do NOT Use Post Office B	Sox Numbers)	11b. City, State & Zip Code ST. PETERSBURG FL	Document Number
HILAID MAJJUFACIUREU FIOMES, I	SOUR STREET SO.		OI. PEIENOBUNG FL	680273

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

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 an Mail 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.

DATE \_\_\_\_\_