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 Limited Partnership

DOCUMENT # Ä10514

FILED 53 JAN 12 PM 3: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA



ANDMARK ASSOCIATES, LTD.	98-AR CM				
Malling Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
6715 S.W. 35TH WAY	6715 S.W. 35TH WAY GAINESVILLE FL 32608		05/18/1981	\$1,035,000.00	
GAINESVILLE FL 32000			3a. Date of Last Report		
			04/08/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	28. Principal Office Address		4. Stale or Country of Formation	to date:	
			FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		59-2178414	Not Applicable	
Žip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
			8. Make check payable to: Dept	of State (See reverse side for fee Information)	
9. Name and Address of Current Ro	egistered Agent		10. If changed, new Registr	ered Agent/Office	
LONDONO, J.H. 6715 S.W. 35TH WAY		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
GAINESVILLE, FL FL 32608	Suite, Apt. #, etc.		etc.		
	City			FL Zip Code	
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)					
A GENERAL PARTNER THAT IS MUST	S A CORPORATION, L BE REGISTERED AN			ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner .x Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
LONDONO, JACK	106 SW 10TH ST		-01/2	24094739 12/9801121009 541.25 ****\$41.25	
Note: General partners MAY NOT & 12. To hereby certify that the information supplied with this corporations from any liability of non-compliance with Sir the annual report is true and accurate and that my signs empowered to execute this report as required by chapter SIGNATURE	filing is voluntarily furnished and does no ection 119.07(3)(k) in the ovent that the int ture shall have the same bodal effect as	t qualify for the ex ormation supplie f made under oa	xemption stated in Section 119.07(3)(k), Flor	ida Statutes. I release the Division of	

J.H. LONDOND Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number