

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
SEMORAN COMMERCIAL INVESTORS, LTD. *98-AR/cus CM*

1a. DOCUMENT #
A14219



Mailing Address
**400 EAST SOUTH STREET
SUITE 500
ORLANDO FL 32801**

Principal Office Address
**400 EAST SOUTH STREET
SUITE 500
ORLANDO FL 32801**

3. Date Formed or Registered
03/25/1983

5a. Capital Contributions as Shown on record
\$290,000.00

3a. Date of Last Report
01/21/1997

5b. Amount of Capital Contributions in FLORIDA to date.
\$290,000.00

2. Mailing Address
Suite, Apt. #, etc.

2a. Principal Office Address
Suite, Apt. #, etc.

4. State or Country of Formation
FL

City & State
Zip Country

6. FEI Number
59-2280784
 Applied For
 Not Applicable

City & State
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 Registered Agent
**BOURNE, ROBERT A
400 EAST SOUTH ST.
SUITE 500
ORLANDO FL 32801**

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BOURNE, ROBERT A	400 E. SOUTH ST. #500	ORLANDO FL	
SENEFF, JAMES M. JR.	400 E. SOUTH ST. #500	ORLANDO FL	

600002357286-4
-11/25/97-01089-025
***550.00 ***550.00

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 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 _____
Typed or Printed Name of General Partner Signing Form **Robert A. Bourne**

DATE **11/7/97**
Daytime Telephone Number **(407) 422-1574**

Z 935 61 039 11/15/97

CR2E003 (6/97)