


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>1. Name of Limited Partnership</b>  RAJ, LTD.		<b>1a. DOCUMENT #</b> <b>A15108</b>			
<b>Mailing Address</b>  1108 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32018		<b>Principal Office Address</b>  1108 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32018		<b>3. Date Formed or Registered</b> 08/11/1983 <b>3a. Date of Last Report</b> 12/06/1996 <b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>2a. Principal Office Address</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>5a. Capital Contributions as Shown on record.</b>  \$100,000.00 <b>5b. Amount of Capital Contributions in Florida to date:</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 18 PM 1:31



<b>9. Name and Address of Current Registered Agent</b>  RAJ LTD. SEA BREEZE MOTEL 1108 NORTH ATLANTIC AVE. DAYTONA BEACH FL 32118	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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**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, do 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.**

<b>11. Name(s) of General Partner(s)</b>  PATEL, LALIT N.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  1108 N. ATLANTIC AVE	<b>11b. City, State &amp; Zip Code</b>  DAYTONA BEACH FL	<b>11c. Registration/Document Number</b>  <div style="font-size: 2em; text-align: center;">                     9000002366888-5                      -12/31/97                      ***541-25                 </div>
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**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

DATE 12/16/97

Typed or Printed Name of General Partner Signing Form

LALIT N PATEL

Daytime Telephone Number

904-252-4363

CR2503 (6/97)