## 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 # A16159

97 DEC 15 PH 2: 14

SECROTOR CLI STATE TALLAHASSEE, FLORIDA

	Alolos		######################################
AMPA 1-75, LTD.		1 10 3 10 11 10 10 11 11 11 11 11 11 11 11 11	
			Sf. 12/16
Malling Address	Principal Office Address	3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.
<del>1950 W. Kennedy Blyd Ste 250</del> F <del>ampa Fl-83609 1837</del>	<del>-4950 W. Kennedy Blyd-6te-250</del> Tampa <del>fl-33609-1837</del>	01/05/1984 3a. Date of Last Report	\$2,585,700.00
		12/23/1996	5b. Amount of Capital Contributions in FLORIDA to date:
2. Malling Address 5445 Mariner St. * 104	2a. Principal Office Address 5445 Mariner St. 4 104	4. State or Country of Formation	1, 204, 946
Suite, Apt. #, etc.  lampa FL  City & State	Suite, Apt #, etc.  Tampa FL  City & State	6. FEI Number 59-2346305	Applied For Not Applicable
33609-3415 USA Zip Country	33609-3415 LLSA Country	7. Certilicate of Status Desired	\$8.75 Additional Fee Required
-		8. Make check payable to: Dept. of State (See reverse side for fee information)	
0 11		40	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
BAXTER, GEORGE J.— 4950 WEST KENNEDY BLVD SUITE 250— TAMPA FL 33809-1837	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  # 104  City  Tampa  FL 33609-3415		

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)

11b.

11/10/97

11c.

Document Nuniber

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Registration/

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11. Name(s) of General Partner(s) BAXTER, GEORGE J. 5005 SAN JOSE DR IRVING, PETER KERR, ROBERT S. JR. 12501 No May Ave.

14900 GULF BLVD. #402 6301 N.-WESTERN,-#130TAMPA FL MADEIRA BCH FL OKLAHOMA CITY OK

City, State & Zip Code

900002375289-- n -12/17/97--01087--019 \*\*\*\*541.25 \*\*\*\*541.25

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 offects as if made under oath. I further contify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE .

Peter Iroins Typed or Printed Name of General Partner Signing Form

11/10/97

Daytime Telephone Number 8/3 28.2-1873