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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998

PARKWAY NORTH INVESTORS, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A17962

97 DEC 17 AM 10: 56



Malling Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
400 E. SOUTH ST. SUITE 500	400 E. SOUTH ST. SUITE 500 ORLANDO FL 32801			09/27/1984 3a. Date of Last Report	\$868,000.00	
ORLANDO FL 32801				01/21/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in Ft ORIDA to date:	
2. Mailing Address	2a. Principal Office Address			FL	\$868,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For	
City & State	City & State			59-2455103 7. Certificate of Status Desired	Not Applicable \$8.75 Additional fee Required	
Zip Country	Zip	Zip Country		Foe Required 8. Make check payable to: Dept. of State (See reverse side for fee information).		
9. Name and Address of Current Registered Agent			10, If changed, new Registered Agent/Office			
BOURNE, ROBERT A 400 E. SOUTH ST. SUITE 500 ORLANDO FL 32801		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). Thereby 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)						
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 Geno		11b.	City, State & Zip Code	11c. Registration/ Document Number	
SENEFF, JAMES M JR.		400 E. SOUTH ST. #500		ando fl	V	
BOURNE, ROBERT A	400 E. SOUTH ST. #500	400 E. SOUTH ST. #500		ANDO FL		
1				5000023 -12/31/ ****55	97-01/97-006	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I release the Division of Corporations from any liability of non-compliance will section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information in 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 eath. 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

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

Daytime Telephone Number . (407) 422-1574