

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  97 SEP 24 AM 9:28  	
1. Name of Limited Partnership  <b>SUN CITY CENTER OFFICE-I, LTD.</b>		1a. DOCUMENT # <b>A18268</b>			
Mailing Address <b>1647 SUN CITY CENTER PLAZA STE. 204 SUN CITY CENTER FL 33573</b>		Principal Office Address <b>1647 SUN CITY CENTER PLAZA STE. 204 SUN CITY CENTER FL 33573</b>		3. Date Formed or Registered <b>11/13/1984</b>	
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country		3a. Date of Last Report <b>10/17/1996</b>	
				4. State or Country of Formation <b>FL</b>	
				5a. Capital Contributions as Shown on record. <b>\$5,010.00</b>	
				5b. Amount of Capital Contributions in FLORIDA to date: <b>\$8.75 Additional Fee Required</b>	
				6. FEI Number <b>59-2621821</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

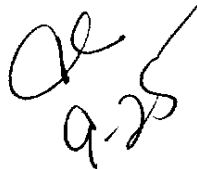
9. Name and Address of Current Registered Agent  <b>WHITCOMB, STANLEY P. 1647 SUN CITY CENTER PLAZA SUITE 204 SUN CITY CENTER FL 33573</b>		10. If changed, new Registered Agent/Office  Name <b>500002303805--7</b> Street Address (P.O. Box Number is Not Accepted) <b>-09/25/97--01112--002</b> Suite, Apt. #, etc. <b>****156.25 ****156.25</b> City <b>FL</b> Zip Code	
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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, 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)  <b>WHITCOMB, STANLEY P., JR.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  <b>1647 SUN CITY CENTER</b>	11b. City, State & Zip Code  <b>SUN CITY CENTER FL 33</b>	11c. Registration/ Document Number  
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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 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 

DATE 

Typed or Printed Name of General Partner Signing Form **Stanley P. Whitcomb Jr.**

Daytime Telephone Number **813/634-5842**

CR2E003 (6/97)