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

1a. DOCUMENT # **A18353**

ANNHURST INVESTORS, LTD.

98-AR/cus

FILED 97 NOV 20 AK 9: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA



		c M	
Malling Address	Principal Office Address	3. Date Formed or Reg	istered 58. Capital Contributions as Shown on record.
400 E. SOUTH ST.	400 E. SOUTH ST.	11/26/1984	\$1,085,000.00
	SUITE 500 ORLANDO FL 32801	3a. Date of Last Report	Ψ1)000)000.00
	ONEMIDO TE UZBOT	01/21/1997	5b. Amount of Capital Contributions in FLORIDA
2. Malling Address	2a. Principal Office Address	4. State or Country of Fo	
ET Maining Address	Ed. Fillelpai Olice Abaross	FL	\$1,085,000.00
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number	☐ Applied For
City & State	City & State	59-2507314	Not Applicable
		7. Certificate of Status D	Desired \$8.75 Additional Fee Required
Zip Country	Zip Co	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	Name		
400 E. SOUTH ST.	Street Address (P.O. Box Number Is Not Acceptable)		
SUITE 500 ORLANDO FL 32801	Suite, Apt. #, etc.		
ORLANDO FL 32001	City FL Zip Code		

Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statules, the above-named limited partnership organized or registered under the taws 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. Lam 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 Parlner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BISHOP, JOHN E	400 E. SOUTH ST. #500	ORLANDO FL	
BOURNE, ROBERT A	400 E. SOUTH ST. #500	ORLANDO FL	
MANIS, GEORGE N	400 E. SOUTH ST. #500	ORLANDO FL	
GOLDSBOROUGH, NICHOLAS	400 E. SOUTH ST. #500	ORLANDO #00000023 -11/25/ *****55(9(701089001
			1

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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted 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

Davlime Telephone Number (407) 422-157

CR25003 (6