


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 2790 ASSOCIATES LIMITED		1a. DOCUMENT # A18843	
Mailing Address % GILLESPIE & ALLISON, P.A. 1515 S. FEDERAL HWY. #300 BOCA RATON FL 33432		Principal Office Address % GILLESPIE & ALLISON, P.A. 1515 S. FEDERAL HWY. #300 BOCA RATON FL 33432	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 01/14/1985		5a. Capital Contributions as Shown on record. \$480,000.00	
3a. Date of Last Report 06/17/1997		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation FL		6. FEI Number 59-2386303 <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)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 20 PM 12:00



9. Name and Address of Current Registered Agent ALLISON, DONALD M ESQUIRE 1515 SOUTH FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432		10. If changed, new Registered Agent/Office 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). 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) GRUNDSTAD, ODDMUND R.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) RAGBAKKEN 44	11b. City, State & Zip Code 4042 HATRSFJORD NORWA	11c. Registration/Document Number 800002358018-7 -11/26/97-0100-019 ****437.50 ****437.50 800002358018-7 -11/26/97-0100-020 ****103.75 ****103.75
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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

Oddmund R. Grundstad

DATE

20 Oct
1997

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)