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

¹⁸A19094 **DOCUMENT#**

FILED Dec 29 1997 8:00 am Secretary of State



NOSIMIVIEE RRH, LTD.				
Mailing Address 1001 WEST 23RD STREET SUITE 400 CALLER BOX 17 PANALIA CITY EL 22405	EST 23RD STREET SUITE 400 BOX 17 CALLER BOX 17 A CITY FL 32405 A CITY FL 32405		3. Date Formed or Registered 02/11/1985 3a. Date of Last Report	5a. Capital Contributions as Shown on record.
2. Malling Address			12/20/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
Sulte, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		FL 6. FEI Number 59-2550711	Applied For Not Applicable
Z ip Country	Zip Country		7. Certilicate of Status Desired 8. Make check payable to Dopt.	\$8.75 Additional Fee Required of State (Sue reverse side for fee information
9. Name and Address of Cur	rent Registered Agent		10. If changed, new Register	red Ageni/Office
1002 WEST 23RD STREET SUITE 400 PANAMA CITY FL 32405 10a. Pursuant to the provisions of sections 620 100 for the purpose of changing its registered office agent. I am familiar with, and accept the obligations of the purpose of changing accept the obligations. Signature (Registered Agent Accepting Appointment)	eor registered agent, or both, in the State of Fia trons of section 620-192, Florida Statutes.	City Digited Apr. A. etc.	ox Number Is Not Acceptable) nized or registered under the laws of norized by its general partner(s). The	ereby accept the appointment of registered
A GENERAL PARTNER THA	IT IS A CORPORATION, L ST BE REGISTERED AN	LIMITED PART	NERSHIP OR OTHE H THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of Goneral Partner(s)	11a. Address of Each General (Do NO1 Use Post Office Bo	15.	City, State & Zip Code	11c. Registration/ Document Number
ROYAL AMERICAN DEV, INC.	1002 W. 23RD ST., #40	PAN	AMA CITY FL	598978
			400002 -01/13 **448	3990340 :/9801100001 51.07 ****258.23
Note: General partners MAY NO	OT be changed on this form	n; an amendmei	nt must be filed to ch	ange a general partner.

12. I do hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutos. 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 amolegal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Typed or Printed Name of Goneral Partner Signing Form

Launtid J. Plan, Autsac

DEC 16 1997

(114) 760-8981 Daytime Telephone Number