


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

FILED

98 JAN -9 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership M.D.R. ASSOCIATES LIMITED		1a. DOCUMENT # A19209 <i>98-AR/Lus</i> <i>CM</i>	
Mailing Address 161 PLEASANT ST. LYNN MA 01901		Principal Office Address 161 PLEASANT ST. LYNN MA 01901	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 02/25/1985		5a. Capital Contributions as Shown on record. \$1,304,419.00	
3a. Date of Last Report 10/31/1996		5b. Amount of Capital Contributions in FLORIDA to date: \$1,267,390	
4. State or Country of Formation FL		6. FEI Number 59-2501452 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" 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 DEVER, DONALD B 4000 NORTH STATE RD. SEVEN, SUITE 301 LAUDERDALE LAKES FL 33319	10. If changed, new Registered Agent/Office Name JAY D SCHWARTZ Street Address (P.O. Box Number Is Not Acceptable) ONE TURNBERRY PLACE Suite, Apt. #, etc. 19495 BISCAYNE BOULEVARD SUITE 609 City AVENTURA FL Zip Code FL 33180-2320
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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)

JAY D. SCHWARTZ, ESQ.

DATE

11/6/98
10-9-92

**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) MALTAGLIATI, EVA LEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12 WILLIAMS TERR.	11b. City, State & Zip Code SWAMPSCOTT MA 01907	11c. Registration/Document Number 800002412398--8 -01/27/98--01005--007 ****550.00 ****550.00
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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

Eva L. Maltagliati

DATE

10/7/97

Typed or Printed Name of General Partner Signing Form

Eva Lee Maltagliati

Daytime Telephone Number

781-595-1030

CR2E003 (6/97)