



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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 DEC 29 AM 11:00 <i>12/11/2</i></p> 	
1. Name of Limited Partnership SHAW DEVELOPMENT LIMITED		1a. DOCUMENT # A19282			
Mailing Address 6741 E. GYPRESSHEAD DRIVE PARKLAND FL 33067		Principal Office Address 6741 E. GYPRESSHEAD DRIVE PARKLAND FL 33067		3. Date Formed or Registered 03/05/1985	
2. Mailing Address 3061 N.W. 17 th TERR Suite, Apt. #, etc.		2a. Principal Office Address 3061 N.W. 17 th TERRACE Suite, Apt. #, etc.		3a. Date of Last Report 12/06/1996	
City & State FT. LAUDERDALE, FL Zip 33311 Country U.S.A.		City & State FT. LAUDERDALE, FL Zip 33311 Country U.S.A.		4. State or Country of Formation FL	
5a. Capital Contributions as Shown on record \$300,000.00		5b. Amount of Capital Contributions in FL ORIDA to date		6. FET Number 59-0996205	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent MORGAN, WALTER L ESO. 315 NE 3RD AVENUE FORT LAUDERDALE FL 33301		10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ State FL Zip Code _____			
10a. Pursuant to the provisions of sections 620.105(1) 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) SHAW, JAMES L.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6741 E. GYPRESSHEAD D		11b. City, State & Zip Code PARKLAND FL-	
11c. Registration/Document Number 500002400235--9 -01/14/98--01091--022 *****541.25 *****541.25					
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 _____ Typed or Printed Name of General Partner Signing Form: JAMES L SHAW		Gen PARTNER SHAW		DATE 11/26/97 954-731-6330	

CR2E003 (6/97)