## 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

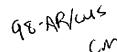
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A20646**  97 NOV 20 AH 9: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

MILLS AVENUE INVESTORS, LTD.



	`	CN	)		
Malling Address	Principal Office Address			3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.
400 E. SOUTH ST. SUITE 500	400 E. SOUTH ST. SUITE 500 ORLANDO FL 32801  2a. Principal Office Address Suite, Apt. #, etc.		08/27/1985 3a. Date of Last Report		\$300,000.00
ORLANDO FL 32801			}-	01/21/1997  4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address				FL	\$300,000.00
Suite, Apt. #, etc.				6. FEI Number 59-2573282	Applied For Not Applicable
City & State	City & State		}-	7. Certificate of Status Desired	AD 35
Zip Country	7(p Country			8. Make chock 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 400 E. SOUTH ST. SUITE 500 ORLANDO FL 32801		Name Stroot Address (F.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
		City Zip Code			
10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or agent. Lam familiar wills, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment).	registered agent, or both, in the State of Fto				
A GENERAL PARTNER THAT	IS A CORPORATION, I BE REGISTERED AN				R BUSINESS ENTITY
11. Namo(s) of General Partner(s)	11a. Address of Each Gener	al Partrier	11b.	City, State & Zip Code	11c. Hegistration/ Document Number
SENEFF, JAMES M JR.	400 E. SOUTH ST. #500		ORLANDO FL		
BOURNE, ROBERT A	400 E. SOUTH ST. #500		ORLANDO FL		
				9000023 -11/25/ ****55	3572598 79701091006 60.00 ****\$50.00
Note: General partners MAY NOT	be changed on this form	n; an amei	ndmen	t must be filed to cha	ange a general partner.

12. If do hereby certify that the information supplied with this filing is votantarily 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 eath. 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 621 holds Statutes.

SIGNATURE -

Typed or Printed Name of General Partner Signing Form Robes

Robert A. Bourne

DATE

Daytime Telephone Number (407) 422-1574

CR2E003 (6/97)