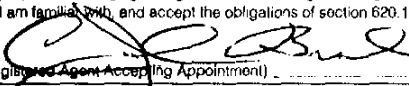


**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 APR -8 AM 11:45</p>	
<b>1. Name of Limited Partnership</b>  MASSACHUSETTS AVENUE, LTD.		<b>1a. DOCUMENT #</b> <b>A20864</b>			
<b>Mailing Address</b> 8406 MASSACHUSETTS AVENUE SUITE B-1 NEW PORT RICHEY FL 34653		<b>Principal Office Address</b> 8406 MASSACHUSETTS AVENUE SUITE B-1 NEW PORT RICHEY FL 34653		<b>3. Date Formed or Registered</b> 09/27/1985	
<b>2. Mailing Address</b> 6709 Ridge Road Ste 200 Port Richey, FL 34668 USA		<b>2a. Principal Office Address</b> 6709 Ridge Rd Ste 200 Port Richey FL 34668 USA		<b>3a. Date of Last Report</b> 12/06/1996	
<b>4. State or Country of Formation</b> FL		<b>5a. Capital Contributions as Shown on record.</b> \$92,745.04		<b>5b. Amount of Capital Contributions in FLORIDA to date.</b>	
<b>6. FEI Number</b> 59-2589078		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>		<b>9. Name and Address of Current Registered Agent</b> MARTIN, DANIEL N. 8406 MASSACHUSETTS AVENUE SUITE B-1 NEW PORT RICHEY FL 34653			
<b>10. If changed, new Registered Agent/Office</b> Name: C. JOHN BRASHER Street Address (P.O. Box Number is Not Acceptable): 6709 Ridge Road Suite, Apt. #, etc.: Ste 200 City: Port Richey FL Zip Code: 34668		<b>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.</b> SIGNATURE (Registered Agent Accepting Appointment):  DATE:			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>11. Name(s) of General Partner(s)</b> MASSACHUSETTS AVE INC		<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 8406 MASSACHUSETTS AV 6709 Ridge Rd, Ste 200 Port Richey FL 34668		<b>11b. City, State &amp; Zip Code</b> NEW PORT RICHEY FL 100002487591-5 -04/14/98--01019--021 *****526.25 *****526.25	
<b>11c. Registration/Document Number</b> H77213		OK 4-10			
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
<b>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.</b>					
<b>SIGNATURE</b> 		<b>Typed or Printed Name of General Partner Signing Form</b> C. JOHN BRASHER PRES		<b>DATE</b> 2-20-98	
<b>Daytime Telephone Number</b> 813 848 7417		CR2EC03 (12/97)			