


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership NEWELL HILL VILLAS LIMITED		1a. DOCUMENT # A20945	
Mailing Address 13820 S. HWY. 441 MIGANOPY FL 32667 678 W Bay St Winter Garden, FL 34787	Principal Office Address 13820 S. HWY. 441 MIGANOPY FL 32667 678 W Bay St Winter Garden, FL 34787	3. Date Formed or Registered 10/09/1985 3a. Date of Last Report 01/02/1997 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$286,700.00 5b. Amount of Capital Contributions in FLORIDA to date: 286,700.00 6. FEI Number 59-2576355 <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)	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent GREENE, CLAUDE L. JR. 13820 S. HWY. 441 MIGANOPY FL 32667		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City Zip Code	
		200002407092--0 01/21/98 01090 021 ***550.00 ***550.00 FL	
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)		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) GREENE, CLAUDE L. JR.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 13820 S. HWY. 441 678 W Bay St Winter Garden, FL 34787	11b. City, State & Zip Code MIGANOPY FL 32667 Winter Garden, FL 34787	11c. Registration/Document Number
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CL Greene

11/19/97
352 466 3110

CR2E003 (6/97)