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

DOCUMENT # **A20993**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 22 AM 9: 50



| | | | 3. Date Formed or Registered | 5a. Capital Contributions as | |
|--|---|--|---|---|--|
| lailing Address | Principal Office Address | | 10/15/1985 | Shown on record. | |
| :/o eric jenkins 611-b west 23rd street | C/O ERIC JENKINS 2611-B WEST 23RD STREET | | 3a. Date of Last Report | \$879,800.00 | |
| ANAMA CITY FL 32405 | PANAMA CITY FL 32405 | | 04/07/1997 | 5b. Amount of Capital Contributions in FLORIDA | |
| 2. Mailing Address | 28. Principal Office Address | | 4. State or Country of Formation | to date: | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6, FEI Number 59-2588146 | Applied For | |
| City & State | City & State | | 7. Certificate of Status Desired | ☐ Not Applicable ☐ \$8.75 Additiona | |
| Zip Country | Zip Country | | 8 Make check nevertie to: Dent | 8. Make check payable to: Dept. of State (See reverse side for fee inform | |
| | | | Wate check payable to, popul | of Blate (Bee 10 tel 150 blate ibi ibe inioni | |
| 9. Name and Address of Current Registered Agent | | 10. If changed, new Registered Agent/Office Name | | | |
| PANAMA CITY FL 32405 | | Suite, Apt. #, etc | | FL Zip Code | |
| agent. I am familiar with, and accept the ob | fice or registered agent, or both, in the State of l igations of section 620.192, Florida Statutes. | Florida. Such change w | vas authorized by its general partner(s). I he | the State of Florida, submits this staten ereby accept the appointment of registe | |
| for the purpose of changing its registered or agent. I am familiar with, and accept the ob- | fice or registered agent, or both, in the State of igations of section 620.192, Florida Statutes. | Florida. Such change w | vas authorized by its general partner(s). I he | the State of Florida, submits this statenereby accept the appointment of registe | |
| for the purpose of changing its registered or agent. I am familiar with, and accept the ob- | lice or registered agent, or both, in the State of igations of section 620.192, Florida Statutes. | LIMITED PA | vas authorized by its general partner(s). I he | the State of Florida, submits this slaten ereby accept the appointment of registe | |
| for the purpose of changing its registered or agent. I am familiar with, and accept the ob- | fice or registered agent, or both, in the State of igations of section 620.192, Florida Statutes. HAT IS A CORPORATION, IUST BE REGISTERED A | LIMITED PAND ACTIVE eral Partner Box Numbers) 11 | DAT NERSHIP OR OTHI | the State of Florida, submits this statenereby accept the appointment of register. ER BUSINESS ENTIT | |
| for the purpose of changing its registered or agent. I am familiar with, and accept the ob- SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TH N Name(s) of General Partner(s) | ince or registered agent, or both, in the State of ingations of section 620.192, Florida Statutes. HAT IS A CORPORATION IUST BE REGISTERED A Address of 1 ach Gen (Do NOT Use Post Office) | LIMITED PAND ACTIVE eral Pertner Box Numbers) 11 | DAT ARTNERSHIP OR OTHI WITH THIS OFFICE. Ib. City, State & Zip Code PANAMA CITY FL WASHINGTON DC | the State of Florida, submits this staten ereby accept the appointment of registe | |

this annual report is true and accurate and that my signature shall have the same logal 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 620, Florida Statutes

SIGNATURE _

12-19-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number