

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 OAK MEADOWS ESTATES, LTD.		1a. DOCUMENT # A22845	
2. Mailing Address P.O. BOX 5400 LAKELAND FL 33807-5400		2a. Principal Office Address 208 W. ALAMO DRIVE LAKELAND FL 33813	
3. Date Formed or Registered 07/01/1986		5a. Capital Contributions as Shown on record. \$100.00	
3a. Date of Last Report 12/31/1996		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number 59-2691097	
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 HARPER, ROBERT F III 208 WEST ALAMO DRIVE LAKELAND FL 33813		10. If changed, now Registered Agent/Office Name: 600002375336--5 Street Address (P.O. Box Number is Not Acceptable): 12/17/97-01086--026 Suite, Apt. #, etc.: ****156.25 ****156.25 City: FL Zip Code	
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) SUMMIT PROPERTIES	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 208 WEST ALAMO DRIVE	11b. City, State & Zip Code LAKELAND FL	11c. Registration/ Document Number G92342000132
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: Robert F. Harper, III		DATE: 12/11/97 Daytime Telephone Number: 941-647-5554	

CR2E003 (6/97)