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 # 1a.

FILED Dec 29 1997 8:00 am Secretary of State

s ITE 400 05 Address Country	3. Date Formed or Registered 09/11/1986 3a. Date of Last Report 12/20/1996 4. State or Country of Formation FL 6. FLI Numbor 59-2695879 7. Certificate of Status Desired	5a. Capital Contributions as Shown on record. \$312,000.00 5b. Amount of Capital Contributions in Ft ORIDA to date. Applied For Not Applicable \$8.75 Additional Fee Required State (\$\text{Sub} \text{ reverse sido for fee Information} \text{ discontributions}
Address Country Name	09/11/1986 3a. Date of Last Report 12/20/1996 4. State or Country of Formation FL 6. FLI Number 59-2695879 7. Certificate of Status Desired 8. Make check payable to: Dopt. of	Shown on record. \$312,000.00 5b. Amount of Capital Contributions in FLORIDA to date. Applied For Not Applicable \$8.75 Additional Fee Required. State (Sue reverse side for fee Information
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Name	7. Certificate of Status Desired 8. Make check payable to: Dopt. of	\$8.75 Additional Fee Required State (Sue reverse side for fee Information
Name	8. Make check payable to: Dopt. of	\$8.75 Additional Fee Required State (Sue reverse side for fee Information
Name	<u></u>	State (Sue reverse sido for fee Information
	10. If changed, new Registere	d Agent/Office
	10. If changed, new Registere	d Agent/Office
Street Address (i Suite, Apt. #, etc		FL 7p Code
io State of Florida Such change w latutes. TION, LIMITED PA	vas authorized by its general partner(s). I here DATE ARTNERSHIP OR OTHE	bby accept the appointment of registered
ED AND ACTIVE	WITH THIS OFFICE.	Registration/
ost Office Box Numbers)	TD. City, State & Zip Gode	11c. Document Number
ST. #400	PANAMA CITY FL	598978
	6000023 -01/13/ **4485	3990769 /9801100001 :1.07 ****\$\$0.00
	Suite, Apt. #, etc. City above-named limited partnership be State of Florida Such change watures. TION, LIMITED PA ED AND ACTIVE Each General Partner ost Office Box Numbers) 11	above-named limited partnership organized or registered under the laws of it of State of Florida. Such change was authorized by its general partner(s). I here atutes. DATE TION, LIMITED PARTNERSHIP OR OTHE ED AND ACTIVE WITH THIS OFFICE. Each General Partner ost Office Box Numbers) 11b. City, State & Zip Code PANAMA CITY FL

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 filling 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. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have ie same legal effects as if made under path. I further certify that I am a General Partner of the limited partnership, receiver or trustee

(fig.4) 700-8983

Rein Asst Sec

DEC 16 1997