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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



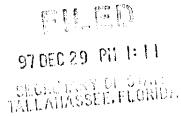
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A23262**





ACCELERATED" HIG D.	AH YIELD IN	STITUTIONA	AL FUND) I, L		(100408) (410)1900)1410)1410	01410 1101 01311 01	SH1/12	
Mailing Address Principal Office Address						3. Date Formed or Registered	5a. Capital Contributions as Shown on record		
1840 SCHOOL STREET, SUITE 100	1640 SCHOOL STREET. SUITE 100 MORAGA CA 94556				09/19/1986	\$8,000,000.00			
MORAGA CA 94556					3a. Date of Last Report				
						04/09/1997	5b. Amount of Capital Contributions in FLORIDA to date:		
0 14 10 4 14		2a. Principal Office Address				4. State or Country of Formalion			
2. Mailing Address	Eq. Thirdpar Office Address				FL				
Sulte, Apt. #, etc.	Suite, Apt. #, etc.				6. FEI Number				
City & State	City & State				— 59-2724791 🗒 Not Ap				
Oity & State					7. Certificate of Status Desired		[]	\$8.75 Additional	
Zip Country	′	Zip Country				8. Make check payable to: Dopt. of State (See reverse side for fee information)			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND PLANTATION FL 33324 10a. Pursuant to the provisions of set for the purpose of changing its agent. I am familiar with, and a SIGNATURE (Registered Agent Acception A GENERAL PART)	ROAD sections 620, 1051 and 62 registered office or regiscopt the obligations of the proposition of the pro	stered agent or both, in section 620.192, Florida	ATION, I	Suite, Apt. i City Id limited partning Such chai	ership organ nge was auth	DATE NERSHIP OR OTHI	reby accept the	appointment of registered	
	MUST	BE REGISTE	RED AN	D ACTIV	/E WIT	H THIS OFFICE.		Registration/	
11. Name(s) of General Partner(s)	11a. (Do NOT Us	se Post Office B	ox Numbers)	11b.	City, State & Zip Code	11c.	Document Number	
MACKENZIE-PATTERSON, INC.		1640 SCHOOL STREET, S		MORAGA CA 94556		F9600000036			
				ı		20000; -01/)	4 <i>∤</i> 980	2626 1097001	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. (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 Corborations 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 politically 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 a function of the limited partnership.

SIGNATURE _

Typed or Printed Name of General Partner Signing Form

C.E. PATTERSON

1016

12-18-97

Daytime Telephone Number 510 631 910 0

CR2E003 (6/97)