

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 18 PM 12:51

1. Name of Limited Partnership MEDORA GROVES LTD.	1a. DOCUMENT # A23893
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2. Mailing Address P.O. BOX 800596 HOMESTEAD FL 33090	2a. Principal Office Address P.O. BOX 800596 HOMESTEAD FL 33090	3. Date Formed or Registered 12/22/1986	5a. Capital Contributions as Shown on record. \$1,481,864.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 12/11/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$161,713.00
2. Mailing Address City & State	2a. Principal Office Address City & State	4. State or Country of Formation FL	
2. Mailing Address Zip Country	2a. Principal Office Address Zip Country	6. FEI Number 59-2756040	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent KROME, WM. H. 15101 S.W. 200 ST. MIAMI FL 33187	10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ State FL Zip Code _____
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
KROME, JOHN E.	1322 MALLORY CT.	NORFOLK VA	700002382307--6 -12/24/97--01065--016 ****\$41.25 ****\$41.25
KROME, WM. H.	15101 S.W. 200TH ST.	MIAMI FL	

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

12. I 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 Wm. H. Krome DATE 12-12-97
 Typed or Printed Name of General Partner Signing Form Wm. H. Krome Daytime Telephone Number (305) 235-3520

CR2E003 (6/97)