

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 # A23989	
ABRAHAM CHEVROLET COMPANY, LTD.			
Mailing Address 1720 E. HILLSBORO AVENUE TAMPA FL		Principal Office Address 1720 E. HILLSBORO AVENUE TAMPA FL	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Formed or Registered 12/31/1986		5a. Capital Contributions as Shown on record. \$10,071,045.01	
3a. Date of Last Report 01/17/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. FEI Number 59-2749535		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)			



g 12/18

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
BRYER, WARREN 6600 SW 57TH AVE MIAMI FL 33143		Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City	
		000002378320--2 -12/22/97--01003--006 ****541.25 ****541.25 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ABRAHAM/TAMPA, INC.	4181 SW 8 ST.	MIAMI FL 33134	V58486

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 *Anthony R. Abraham* DATE *12-9-97*
Typed or Printed Name of General Partner Signing Form: **ANTHONY R. ABRAHAM** Daytime Telephone Number: **305-442-1000**

CR2E003 (6/97)