



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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  97 NOV 17 PM 2:10  	
<b>1. Name of Limited Partnership</b>  DANIEL, DANIEL AND DANIEL, LIMITED PARTNERSHIP		<b>1a. DOCUMENT #</b> <b>A24018</b>			
<b>Mailing Address</b>  5500 MACARTHUR BLVD., N.W. WASHINGTON DC 20016		<b>Principal Office Address</b>  5500 MACARTHUR BLVD., N.W. WASHINGTON DC 20016		<b>3. Date Formed or Registered</b> 12/30/1986  <b>3a. Date of Last Report</b> 11/12/1996  <b>4. State or Country of Formation</b> DC	
<b>2. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>2a. Principal Office Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>5a. Capital Contributions as Shown on record.</b>  \$396,839.47  <b>5b. Amount of Capital Contributions in FLORIDA to date:</b>  <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable  <b>6. FEI Number</b> 52-6032489  <b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required  <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  DETTOR, LEE DANIEL 2432 N.E. 28TH TERRACE FT. LAUDERDALE FL 33305	<b>10. If changed, new Registered Agent/Office</b>  Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> 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.**

<b>11. Name(s) of General Partner(s)</b>  DANIEL, CUSHING III  DANIEL, CLARKE  DANIEL, RALEIGH	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  <del>2800 CHAIN BRIDGE RD</del> <del>2610 FALLS RD</del> 4533 NORTH 32ND ROAD  2666 CHAIN BRIDGE RD	<b>11b. City, State &amp; Zip Code</b>  <del>WASHINGTON DC</del> POTOMAC MD 20854 ARLINGTON VA 22207  WASHINGTON DC 20016  700002352387--4 -11/19/97--01101--012 *****541.25 *****541.25 dec	<b>11c. Registration/Document Number</b>      
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**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 \_\_\_\_\_

DATE 11-14-97

Typed or Printed Name of General Partner Signing Form: CLARKE DANIEL

Daytime Telephone Number 202-244-5800

CR25003 (6/97)