

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP ANNUAL REPORT 1998

1. Name of Limited Partnership
BEACON PROPERTIES, LTD.

1a. DOCUMENT #
A24304



12/15/98

Mailing Address
**6917 TIMBERS DRIVE
EVERGREEN CO 80439**

Principal Office Address
**6917 TIMBERS DRIVE
EVERGREEN CO 80439**

3. Date Formed or Registered
03/26/1987

3a. Date of Last Report
03/07/1997

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record.
\$70,000.00

5b. Amount of Capital Contributions in FLORIDA to date:
none

6. FEI Number
NOT APPLICABLE Applied For Not Applicable

7. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address
same

2a. Principal Office Address
same

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent
**GARRABRANTS, E.L. JR.
6008 MAIN STREET
NEW PORT RICHEY FL 34653**

10. If changed, new Registered Agent/Office
Name
same
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
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
BEACON PROPERTIES, INC.	6917 TIMBERS DRIVE	EVERGREEN CO 80439	J42695
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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 *Clyde B. Hoeldtke, Sr.* **BEACON PROPERTIES INC** **General Partner** DATE **12/18/97**

Typed or Printed Name of General Partner Signing Form **Clyde B. Hoeldtke, Sr. V.P.** Daytime Telephone Number **303/674-3542**

CP2E003 (6/97)