

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
---	---	---

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98 JAN -8 PM 3:13 *1120*

1. Name of Limited Partnership SPRING LAKE ASSOCIATES, LTD.	1a. DOCUMENT # A25050
---	--



Mailing Address P.O. BOX 408 ROCKTON IL 61072	Principal Office Address 697 S. BLACKHAWK BLVD. ROCKTON IL 61072
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 08/18/1987	5a. Capital Contributions as Shown on record \$327,337.00
3a. Date of Last Report 12/31/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date
6. FEI Number 36-3647810	<input type="checkbox"/> Applied For <input 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 MCMILLAN, JOHN C/O LEVIN & MCMILLAN 9385 FIFTY-SIXTH STREET, SUITE 200 TEMPLE TERRACE FL 33617-5504
--

10. If changed, new Registered Agent/Office Name 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
RAYMOND PROPERTIES, INC.	697 S. BLACKHAWK BLVD	ROCKTON IL 61072	P16104
NOVA ALLIANCE INC	1323 E. CONWAY	MILWAUKEE MI 53207	P24806
BOUTELLE GILMORE BOUTELLE, I	520 WEST GRAND	BELOIT WI 53511	F94000000058

900002408659--8
 -01/22/98--01057--023
 ****541.25 ****541.25

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 provided 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 Section 620, Florida Statutes.

SIGNATURE _____ Pres, Raymond Properties DATE 12/19/97
 Typed or Printed Name of General Partner Signing Form Raymond L. Tetzlaff Daytime Telephone Number 815 624-2631

CR2E003 (6/97)