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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

98 JAN 12 AI110: 49

SECRETARY OF STATE

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1. Name of Limited Partners	hip	1a. DOCUMENT # <b>A25736</b>			TALLAHASSEE, FLORIEZ.			
DRANGE PARK INVESTMENT PROPERTIES, LTD.								
					<u> </u>		H121	
Mailing Address	<b>Q Address</b> Principal Office Address				3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.		
\$55 WELLS RD.		555 WELLS RD.			12/31/1987	<b>A</b> 400 000 00		
ORANGE PARK FL 32073		ORANGE PARK FL 32073		[:	3a. Date of Last Report	\$420,000.00		
				L	12/17/1996	5b. Amor	unt of Capital ributions in FLORIDA	
2. Mailing Address		2a. Principal Office Address			4. State or Country of Formation	try of Formation to date:		
2. Walling Address		Za. Filicipal Office Address		1	FL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	5. FEI Number	L		
City & State	<del></del>	City & State			59-2899127		Applied For Not Applicable	
City & State		City & State		ļ ;	7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country		Zip Country			Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee Information)			
<u> </u>	<u>·</u>	<u> </u>			- India di Joseph di			
9. Name and Address of Current Registered Agent					10. If changed, new Registered Agent/Office			
BOATONIT BONE O				Name				
BOATRIGHT, RONALD 555 WELLS RD.		Street Address (P.O. Box Number Is Not Acceptable)						
ORANGE PARK FL 32	073	Suite, Apt. #, etc.		, etc.				
			City				Zip Code	
40-			<u> </u>			<u>FL</u>	<u> </u>	
for the purpose of cha	nging its registered office or reg	<ol> <li>192, Florida Statutes, the above-named pistered agent, or both, in the State of Floring f section 620, 192, Florida Statutes.</li> </ol>						
SIGNATURE (Registered Agent	: Accepting Appointment)				DATE			
A GENERAL P	ARTNER THAT IS MUST	S A CORPORATION, L BE REGISTERED AN	D ACTIV	PARTN E WITH	ERSHIP OR OTHE I THIS OFFICE.	R BUSI	NESS ENTITY	
11. Name(s) of General	Partner(s)	Address of Each General (Do NOT Use Post Office Bo	Parlner × Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
BOATRIGHT, RONALD O.		555 WELLS RD.		ORAN	GE PARK FL			
MARTIN, CARLYLE K.		1893 KINGSLEY AVE.,#1		ODAN	GE PARK FL			
mouting oracity is		1093 KINGSLET AVE.,#1		ODANGE FARN FE				
			1					
					500002 -01/26 ****5	4123 /8801 11.25	3759 .139023 ****541.25	
Note: *Gameral ==	where BEAV NOT	a shanged on this form	u an ama	ndme=	must be filed to the	Dec 2 2	anaral nartas	
<del></del>		e changed on this form filing is voluntarily furnished and does not						
oo nereby certity that if	ie iniormation supplied with this	tilirig is voluntarily turnished and does not	cquality for the 6	exemption sta	aleu in Section 119.0/(3)(k), Florida	olaiules. I rele	ase the Division of	

CR2E003 (6/97)

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.

Typed or Printed Name of General Partner Signing Form

Konold O.

Bootast

\_ Daytime Telephone Number

904-269-2555