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

1. Name of Limited Partnership

DOCUMENT# A25771

97 SEP 25 PM 4: 24



| HANLEY PLAZA, LTD. | | | 1 1866 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
|---|---|---|---|--|
| Malling Address P.O.BOX 20466 | Principal Office Address P.O.BOX 20466 | | 3. Date Formed or Registered 01/12/1988 | 58. Capital Contributions as Shown on record. |
| TAMPA FL 33822-0466 | TAMPA FL 33622-0466 | | 3a. Date of Last Report 09/13/1996 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 2. Mailing Address | 2a. Principal Office Address | | FL. | \$850,000.00 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number 59-2881357 | Applied For Not Applicable |
| City & State Zip Country | Zip Country | | 7. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Zip Country | Σψ | 8. Make check payable to: Dept. of State (See reverse side for fee information) | | |
| 9. Name and Address of Current Registered Agent W.L. BEACH PROPERTIES INC. 5005 W. LAUREL ST. SUITE 212 TAMPA FL 33607 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | | |
| | | | | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each General (Do NOT Use Post Office Box | Dortoor | | 11c. Registration/ Document Number |
| THE GEORGE W LACKEY COMP BITTMANN, CHRIS W.L. BEACH PROPERTIES INC. | 5005 W. LAUREL ST. #21 11816 HPSEY-RD: 18816 Rue Loire 5005 W. LAUREL ST. #21 | 2 | TAMPA FL TAMPA FL Lutz, FL TAMPA FL 7'0002 -09/26 *****5 | H95225 G47759 G175357-5 79750117-001 41 25 *********************************** |
| Note: General partners MAY N | OT be changed on this form | ; an amend | ment must be filed to cha | ange a general partner. |
| 12. I be hereby certify that the information supplied w Corporations from any liability of non-compliance this annual report is true and accurate and that m empowered to execute this report as required by | with Section 119.07(3)(k) in the event that the Info y signature shall have the same legal effects as it | ormation supplied is | deemed exempt from public access. I furth | er certify that the information indicated on it the limited partnership, receiver or trustee |
| SIGNATURE | | | DATE | 9/22/97 |
| Typed or Printed Name of General Partner Signing Form | GOORGY W. LACKEY | | Daytime Telephone Number | 3/3-287-8222 |