



FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 DEC 20 AM 10:45 <i>12/27</i>	
1. Name of Limited Partnership MORTGAGE INCOME FUND, LTD.		1a. DOCUMENT # A26199			
Mailing Address PO BOX 3683 WINTER SPRINGS FL 32708		Principal Office Address PO BOX 3683 WINTER SPRINGS FL 32708		3. Date Formed or Registered 03/31/1988	
				5a. Capital Contributions as Shown on record. \$1,000,000.00	
				3a. Date of Last Report 12/11/1995	
				5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address P.O. Box 3683 Suite, Apt. #, etc.		2a. Principal Office Address P.O. Box 3683 Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State Winter Springs FL Zip 32708 Country U.S.		City & State Winter Springs FL Zip 32708 Country U.S.		6. FEI Number 59-2882817 <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 DETWEILER, MARLIN 1500 LEE ROAD SUITE 109 ORLANDO FL 32810				10. If changed, new Registered Agent/Office Name: David Lundberg Street Address (P.O. Box Number is Not Acceptable): 2220 Edgar CT Suite, Apt. #, etc.: City: Oviedo FL Zip Code: 32765	
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) <i>David Lundberg</i> General Partner DATE 12-16-96					
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	
LUNDBERG, DAVID DETWEILER, MARLIN		1500 LEE ROAD, SUITE 1500 LEE ROAD, SUITE		ORLANDO FL 32810 ORLANDO FL 32810	
				11c. Registration/Document Number 700002042067--8 -12/31/96--01054--002 ****576.25 ****576.25	
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 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 <i>David Lundberg</i> G.P. DATE 12-3-96 Typed or Printed Name of General Partner Signing Form David Lundberg Daytime Telephone Number 407-678-8110					

CR2E003 (6/96)