

**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 SARASOTA LAKESIDE CLUB LIMITED PARTNERSHIP		1a. DOCUMENT # A26526	
Mailing Address C/O FORWARD MANAGEMENT, INC. 110 S. BROOKS ST. MADISON WI 53715		Principal Office Address C/O FORWARD MANAGEMENT, INC. 110 S. BROOKS ST. MADISON WI 53715	
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 06/08/1988		5a. Capital Contributions as Shown on record. \$0.00	
3a. Date of Last Report 10/14/1996		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation WI		6. FEI Number 39-1627560 <input type="checkbox"/> Applied For <input checked="" 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)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 27 PM 2:58



9. Name and Address of Current Registered Agent WEAVER, KATHY 4325 40TH ST., W. BRADENTON FL 34205		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City 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.		000002332930--7 -10/29/97--01101--004 ****156.25 ****156.25 FL	
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
FARR, THOMAS G. FIRST MADISON CORP-88	110 SO BROOKS ST 617 N. SEGUE RD. STE	MADISON WI MADISON WI dce	F93000001617

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

Thomas G. Farr

DATE

11-20-97

Typed or Printed Name of General Partner Signing Form

THOMAS G. FARR

Daytime Telephone Number

505-243-3260

CR2E003 (6/97)