

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

FILED

98 MAR 30 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. McPherson Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A26560
SEALY TAMPA, A LIMITED PARTNERSHIP 48-AR/CUS CM	



Mailing Address 333 TEXAS STREET SUITE 1450 SHREVEPORT LA 71101	Principal Office Address 333 TEXAS STREET SUITE 1450 SHREVEPORT LA 71101
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc. Suite 1050	Suite, Apt. #, etc. Suite 1050
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 06/13/1988	5a. Capital Contributions as Shown on record \$339,000.00
3a. Date of Last Report 12/30/1996	5b. Amount of Capital Contributions in FLORIDA to date: 30,000 (after sale & distr.)
4. State or Country of Formation LA	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 72-1126219	7. Certificate of Status Desired <input checked="" 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 C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) SEALY FLORIDA, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 333 TEXAS ST., S-1450	11b. City, State & Zip Code SHREVEPORT LA 71101	11c. Registration/Document Number F9400002044 800002482778--6 -04/08/98--01076--017 *****8.75 *****8.75 800002482778--6 -04/08/98--01076--018 *****825.00 *****298.75
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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 X

DATE

12/31/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2ED03 (6/97)