

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A26870

GRANITE ENTERPRISES, LTD.

Mailing Address 5521 W. CYPRESS ST. SUITE 101 TAMPA FL 33607	Principal Office Address 5521 W. CYPRESS ST. SUITE 101 TAMPA FL 33607	3. Date Formed or Registered 08/10/1988	5a. Capital Contributions as Shown on record. \$916,987.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 11/20/1996	5b. Amount of Capital Contributions in FLORIDA to date: 916,987
Suite, Apt. #, etc. 	Suite, Apt. #, etc. 	4. State or Country of Formation FL	6. EIN Number 59-2930332
City & State 	City & State 	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 	Zip 	8. Make check payable to: Dept. of State (See reverse side for fee information)	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**BEST, DWAYNE F.
501 REO STREET
TAMPA FL 33609**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

**5521 W Cypress St.
Suite, Apt. #, etc.
Ste 101
City
Tampa**

Zip Code
FL 33607

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) BEST, DWAYNE F.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 501 REO STREET 5521 W Cypress St Ste 101 Tampa, FL 33607	11b. City, State & Zip Code TAMPA FL	11c. Registration/ Document Number 200002381532-5 -12/23/97-01120-016 ****541.25 ****541.25
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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

Dwayne F. Best

Dwayne F. Best

Typed or Printed Name of General Partner Signing Form

DATE

*9/7/97
(813) 289-4188*

Daytime Telephone Number

CP2E003 (6/97)