



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 97 NOV 24 AM 11:28 	
1. Name of Limited Partnership THORNBYS ESTATES, LTD.		1a. DOCUMENT # A27071			
Mailing Address 880 LAKE SHORE DRIVE ENTERPRISE FL 32725		Principal Office Address 880 LAKE SHORE DRIVE ENTERPRISE FL 32725		3. Date Formed or Registered 09/16/1988	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/24/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		5a. Capital Contributions as Shown on record. \$400,000.00	
Zip Country		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date. \$400,000	
				6. FEI Number 22-2967000 <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)	

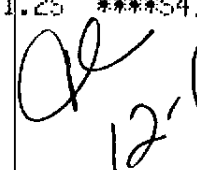
9. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC., 150 MAGNOLIA AVE., DAYTONA BEACH FL 32015		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	

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.

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) THORNBYS MANAGEMENT SERVICES,	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 880 LAKE SHORE DR	11b. City, State & Zip Code ENTERPRISE FL	11c. Registration/ Document Number J92383 400002364714--8 -12/05/97--01108--003 ***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 BY:  **Thornby Management Services, Inc.**

Typed or Printed Name of General Partner Signing Form **JOHN FRANK KNIGHT**

DATE **OCT 16, 1997**
(307) 668-6429

CR2E003 (6/97)