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

1.

1a. DOCUMENT # **A27255** DIVISION OF CORPORATIONS

97 DEC 24 PM 3: 52

33 N. GARDEN ST. #850 CLEARWATER FL 34615 33. Date of Last Report 12/16/1996 33. Date of Last Report 12/16/1996 4. State or Country of Formation CA 2, 870,000.00 Suite, Apt. #, etc. City & State City & State City & State City & State To Country Tip Tip Tip Tip Tip Tip Tip Ti		A27255				
33 N. GARDEN ST. #850 CLEARWATER FL 34615 2. Mailing Address 3. No. Open April #1, etc. 3. Suito, April #1, etc. 3. Suito, April #1, etc. 3. Country 4. State or Country of Formation 4. State or Country of Formation 5. April #1, etc. 5. Suito, April #1, etc. 6. Fe Hammber 7. Contilicate of Status Desired 7. Contilicate of Status Desired 8. Annex of Status Desired		CALIFORNIA LIMITED	PART			
CLEARWATER FL 34615 CLEARWATER FL 34615 CLEARWATER FL 34615 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Principal Office Address C. A. Suite or Country of Formation C. A. Suite or Country C. Country	Malling Address	Principal Office Address	Principal Office Address		58. Capital Contributions as Shown on record.	
28. Malling Address 28. Principal Office Address CA C, 870, 000, 000 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country 7-0 194444 7- Contilicate of Status Desired 8. Make check payable to Dept. of State See require 9. None 9. None 9. None 9. None 9. None 9. None 9. See To State See require 9. None 9. See To State See require 9. None 9. See To State See require 9. See To State See require 9.						
2. Mailing Address 2. Principal Office Address CA 2,870,000,000 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country 7ip Country 7ip Country 10. If changed, new Registered Agent Office Provides Suitable Biological Partners in Fig. Since Address (P.O. Box Number is Not Acceptable) Since Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City & State 10a. Pursuent to the provisions of eactors (2ru 10f.1 and (2ru 192, Florida Suitable. the above named lented partnership organized or registered under the base of the State of Eards, selentes this state of Florida. Such change was authorized by its general partner(s). I hereby accept the approximent of registered Agent Acceptable accept the changing late registered accept the change of a section (2ru 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Approximent) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(a) of General Partner(s) 11a. (Ley NOT Use Post Office Address of Eactors (2ru 10f.1 and (2ru 192) and (2ru 192					5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State City & State City & State City & State Country 7-0194444 7- Certificate of Status Desired 8- Make check payable to: Dept. of State (See reverse side for fee into Fee Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 8- Make check payable to: Dept. of State (See reverse side for fee into Feeding) 9- Make the Check payable to: Dept. of State (See reverse side for fee into Feeding) 9- Make the Check pay	2. Malling Address	2a. Principal Office Address	2a. Principal Office Address		2,870,000.00	
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Tip Country Tip Country Replatered Agent	City & State	City & State	City & State		Not Applicable	
9, Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office WILLIAMS, DENISE 33 N. GARDEN ST. #950 CLEARWATER FL 34615 Suite, Apt. #. otc. City FL Zip Code To the purpose of changing its registered of fice or registered direct or registered di	7in Country	7in	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
WILLIAMS, DENISE 33 N. GARDEN ST. #950 CLEARWATER FL 34615 Suite, Apl. #, etc. City FL Zip Code 10a. Pursuant to the provisions of sections 620.103.1 and 620.192. Florida Statutes, the above named limited partnership organized or reg stored under the laws of the State of Florida, submits this state of the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of regagent. I am familiar with, and accept the obligations of section 620.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Fach General Partner (b) NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/Decument Num 11b. City, State & Zip Code 11c. Decument Num 11d. Decument Num 11d. City State & Zip Code 11c. Decument Num 11d. Decument Num 11d. City State & Zip Code				8. Make check payable to: Dept. of	State (See reverse side for fee information)	
WILLIAMS, DENISE 33 N. GARDEN ST. #950 CLEARWATER FL 34615 Suite, Apt. #. etc. City FL Zip Code The purpose of changing list registered effice or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 118. (Do NOT Use Post Office Box Numbers) ELLENBURG, GERALD D. 33 N. GARDEN ST. #950 CLEARWATER FL 34615 P20909	9. Name and Address of Current Registered Agent			10. If changed, new Registered Agont/Office		
33 N. GARDEN ST. #950 CLEARWATER FL 34615 Suito, Apt. #, etc. City FL Zip Code Tity FL Zip Code City FL Zip Code City FL Zip Code The purpose of changing its registored effice 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 Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Addiess of Fach General Partner (b) NOT Use Post Office Box Numbers) FL Registration CLEARWATER FL 34615 ELLENBURG CAPITAL CORP 33 N. GARDEN ST. #950 CLEARWATER FL 34615 P20909	MALLALIA DELHAE		Name			
CLEARWATER FL 34615 Suite, Apt. #. etc. City FL Zip Code To C	·		Street Address (P.O. Box Number Is Not Acceptable)			
Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or reg stered under the laws of the State of Florida, submits this state of the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of reseasent. Lam 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 ENTOMOST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Fach General Partner (b) Notifuse Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/Document Numbers ELLENBURG, GERALD D. 33 N. GARDEN ST. #950 CLEARWATER FL 34615 P20909			Suite, Apt. #, otc.			
Pursuant to the provisions of sections (20.105.1 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this state of the purpose of changing its 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 Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTONIAN BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Fach General Partner (b) NOT Use Post Office Box Numbers) ELLENBURG, GERALD D. 33 N. GARDEN ST. #950 CLEARWATER FL 34615 P20909 CLEARWATER FL 34615 P20909			City FL Zip Code			
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### ELLENBURG, GERALD D. ### ELLENBURG CAPITAL CORP 33 N. GARDEN ST. #950 CLEARWATER FL 34615	A GENERAL PARTNER II	IUST BE REGISTERED A	, LIMITED PA ND ACTIVE '	WITH THIS OFFICE.	R BUSINESS ENTITY	
ELLENBURG, GERALD D. 33 N. GARDEN ST. #950 CLEARWATER FL 34615 ELLENBURG CAPITAL CORP 33 N. GARDEN ST. #950 CLEARWATER FL 34615 P20909	11. Name(s) of General Partner(s)	11a. Address of Fach Ger (Do NOT Use Post Office	neral Partner b Box Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number	
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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 volve trially 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 logal effects as if made under eath. 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. Fill dia Statutes.

SIGNATURE __

Typed or Printed Name of General Partner Signing Form Gent 14

Gent Id DETTER bury

DATE 12-18-97
Dayline Telephone Number (93) YY7-6900

CR2E003 (6/