

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 SEP 29 AM 9:32

<b>1. Name of Limited Partnership</b>  ENCO MORTGAGE PARTNERS, LTD.	<b>1a. DOCUMENT #</b> <b>A27656</b>
---	--



<b>Mailing Address</b> 4104 W. LINEBAUGH AVENUE SUITE 201 TAMPA FL 33624	<b>Principal Office Address</b> 4104 W. LINEBAUGH AVENUE SUITE 201 TAMPA FL 33624	<b>3. Date Formed or Registered</b> 12/28/1988	<b>5a. Capital Contributions as Shown on record</b> \$425,000.00
		<b>3a. Date of Last Report</b> 11/25/1996	<b>5b. Amount of Capital Contributions in FLORIDA to date</b>
		<b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>6. FEI Number</b> 59-2920482 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b>  HOHL, TIMOTHY M 4104 W. LINEBAUGH AVE. SUITE 201 TAMPA FL 33624	<b>10. If changed, new Registered Agent/Office</b> Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ <b>FL</b> 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
EXEC. NAT'L DEV. CORP.	4104 W. LINEBAUGH AVE	TAMPA FL 33624	F66032
			<b>400002310424--9</b> <b>-10/02/97--01089--006</b> <b>****541.25 ****541.25</b>
<b>KHMH</b>			

CR2E003 (6/97)

**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 Timothy M. Hohl DATE 9/24/97  
 Typed or Printed Name of General Partner Signing Form Timothy M. Hohl Daytime Telephone Number \_\_\_\_\_