

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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
98 FEB 13 AM 10:41

1. Name of Limited Partnership
**1a. DOCUMENT #
A28504**



6TH AVENUE AND 17TH STREET PARTNERSHIP, LIMITED

902/17

Mailing Address 3334 7TH STREET SUITE 2 A VERO BEACH FL 32960		Principal Office Address 3334 7TH STREET SUITE 2 A VERO BEACH FL 32960		3. Date Formed or Registered 06/20/1989	5a. Capital Contributions as Shown on record. \$416,000.00
2. Mailing Address 1826 US #1		2a. Principal Office Address 1826 US #1		3a. Date of Last Report 11/12/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State Vero Beach, FL		City & State Vero Beach FL		6. FEI Number 65-0127487	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32960 Indian River		Zip 32960 Indian River		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 KUTSCHINSKI, RONALD C. 1828 US HWY #1 VERO BEACH FL 32960		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 700002434147-4 Suite, Apt. #, etc. 02/10/98 01055 005 ***526.25 ***526.25 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
RONALD C. KUTSCHINSKI	1220 INDIAN MOUND TRA	VERO BEACH FL	
NORMAN E. MILLER, JR.	PO BOX 1948	VERO BEACH FL	

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 Ronald C. Kutschinski DATE 2-10-98

Typed or Printed Name of General Partner Signing Form Ronald C. Kutschinski Daytime Telephone Number 561-567-2310

CFR2E003 (1/297)