

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 10 AM 11:53



1. Name of Limited Partnership	1a. DOCUMENT # A29314
TAMPA SHADOWLAWN ASSOCIATES, LTD.	

Mailing Address % ARNOLD MANAGEMENT 121 N. OSCEOLA AVENUE CLEARWATER FL 34615-4081	Principal Office Address % ARNOLD MANAGEMENT 121 N. OSCEOLA AVENUE CLEARWATER FL 34615-4081	3. Date Formed or Registered 12/08/1989	5a. Capital Contributions as Shown on record \$349,125.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 05/02/1997	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 65-0158532	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip Country	Zip Country	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 ARNOLD MANAGEMENT SERVICES, INC. 121 NORTH OSCEOLA AVENUE CLEARWATER FL 34615-4081	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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) *Walter E. Ellis* DATE *10/8/97*

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
J.A.G. CAPITAL, LTD.	49 WEST 27TH STREET,	NEW YORK NY 10001	A32788
J.M.K. PROPERTIES, INC.	C/O 201 EAST 87TH STR	NEW YORK NY 10128	P38422

700002346797-3
-11/13/97-0028-018
****541.25 ****541.25

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 *W.B. Johnston* DATE *10-8-97*
Typed or Printed Name of General Partner Signing Form *W.B. Johnston, Agent for Gen Part.* Daytime Telephone Number *(813) 442-7184*

CR2E003 (6/97)