## 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

**DOCUMENT#** A29396



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SECNETARY OF STATE TALLAHASSEE, FLORIDA



ADM3 PARTNERS, LTD.	G8.	Dr.		1 10010)) (DIQ (1010 IN)N¥ (1110	18110 8  II 870II <del>1</del>	<u> 1911 Birir Dini</u> Dibi Dibi Dibi Dibi Indi	
Mailing Address 2164 DEER HOLLOW CIRCLE LONGWOOD FL 32779	Principal Office Address 2164 DEER HOLLOW CIRCLE LONGWOOD FL 32779	Principal Office Address 2164 DEER HOLLOW CIRCLE		3. Date Formed or Registered  12/22/1989  3a. Date of Last Report	5a. Capital Contributions as Shown on record.		
2. Malling Address	2a. Principal Office Address	28. Principal Office Address			5b. Amount of Capital Contributions in FLORIDA to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.				Applied For Not Applicable		
City & State  Zip Country	City & State	Zip Country		59-2936169 7. Certificate of Status Desired		\$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	<b>T</b>		10. If changed, new Registere	ed Agent/Office		
		Name					
PLEUS, ROBERT J ESQ. 255 S. ORANGE AVENUE ORLANDO FL 32801		Street Address (P.O. Box Number is Not Acceptable)					
		Suite, Apt. #, etc.					
		City			FL	Zip Code	
SIGNATURE (Registered Agent Accepting Appointm  A GENERAL PARTNER TI		LIMITED	PART	NERSHIP OR OTHE		NESS ENTITY	
11. Name(s) of General Partnor(s)	11a. Address of Each Gene (Do NOT Use Post Office	eral Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
P.E.I. HOMES, INC. 2164 DEER HOLL				IGWOOD FL	J80829		
				30000a -09/20 *****	2305 67970 541.25	1631 1102014 ****541.25	
	Non-ha abancad an this face			ut majort ha filled to als			
Note: General partners MAY							
<ol> <li>I do her by certify that the information supplie Corporations from any liability of non-complan- this annual report is true and accurate any the empowered to execute this report as required</li> </ol>	nce with Section \$19.07(3)(k) in the event that the at my sign sture shall have the same legal effects :	information sup	plied is deen	ned exempt from public access. I furt	her certify that t	he Information indicated on	
Simportor to Sicouro fino report de formido	01/1/1/000 -	_			<b>^</b> .	. , , , , , , ,	

9-11-97

Typed or Printed Name of General Partner Signing Form

SIGNATURE \_\_\_

Attilio Di Marco

Daytime Telephone Number 4 0 7 - 3 2 7 - 7 8 0 7