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 # A29516

97 OCT 17 PH 3: 09



Greater Miami Baseball C	LUB LIMITED PARTNER	SHIP		4E19 91 B1B11 01	911 618 11 84811 84811 87811 1981	
Mailing Address	Principal Office Address		3. Date Formed or Registered	red 5a. Capital Contributions as		7
%MIRACLE BASEBALL-LEE CO. SPORTS COMPLEX	MIRACLE BASEBALL-LEE CO. SPORTS COMPLEX		01/17/1990	5b. Amount of Capital Contributions in FLORIDA to date:		
14400 SIX MILE CYPRESS PARKWAY 14400 SIX MILE CYPRESS PARK		O OOMI EEK	3a. Date of Last Report			
FT. MYERS FL 33912	FT. MYERS FL 33912		03/20/1997			1
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation			
Z. Maining Aboress	Zu. Fillicipal Office Address		FL FL	705,000		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For		1
City & State	City & State		65-0164971		Not Applicable	-
Zip Country	y Zip Country		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		10. If changed, new Registere	d Agent/Office		1
C T CORPORATION SYSTEM		Name				
1200 S. PINE ISLAND ROAD		Street Address (P.O. Box Number Is Not Acceptable)				1
PLANTATION FL 33324		Suite, Apt. #, etc.			1	
	C	ily		FL	Zip Code	1
agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT		ITED PAR	TNERSHIP OR OTHE		NESS ENTITY)
11. Name(s) of General Partner(s)	Address of Each General Part (Do NOT Use Post Office Box Nu			11c.	Registration/ Document Number	1
BASEBALL CO. OF AMERICA LIMI	14400 SIX MILE CYPRES	(IDOIG)	FT. MYERS FL		DOODHOM TOMBET	
			500002 -10/20 *****	076/10	925 8 1160016 *****541.25	CR2E003 (6/97)
Note: General partners MAY NOT	be changed on this form; a	n amendm	ent must be filed to ch	ange a g	eneral partner.	
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that making empowered to execute this leport as required by hap	Seation (19.07(3)(k) in the event that the informational research as if ma	ation supplied is de	comed exempt from public access, I furth rther certify that I am a General Partner o	er certify that ti f the limited pa	ne information indicated on rtnership, receiver or trustee	
•	ASSESTLE CO. OF PAMERICA, L	P. By	DATE	1-10-97	7	
Typed or Printed Name of General Partner Signing Form	MARIN S. GADKING	res, desi	Daytime Telephone Number			J