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

**LIMITED PARTNERSHIP** ANNUAL REPORT 1998

POWERS & 50 ASSOCIATES, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Elmited Partnership

**DOCUMENT#** A29537

FILED DIVISION OF CORPORATIONS 97 DEC -1 AMII: 08



Malling Address		Principal Office Address		3. Date Formed or Registered		<b>5a.</b> Capital Contributions as Shown on record.		
701 BRICKELL AVE.		701 BRICKELL AVE.		01/22/1990		A4 055 500 70		
STE. 1400		STE. 1400			3a. Date of Last Report		\$1,055,582.79	
MIAMI FL 33131		MIAMI FL 33131			12/02/1996	5b. Amount of Capital		
					4. State or Country of Formation	Contributions in FLORIDA to date:		
2. Malling Address	alling Address 28. Principal Office Address			FL				
Suite, Apt. #, etc.	uite, Apt. #, etc. Suite, Apt. #, etc.		*****	6. FEI Number		<u> </u>	Гь	
		07.00			65-0161899		Applied For   Not Applicable	
City & State	ity & State City & State			7. Certificate of Status Desired				
Zip Country Zi		Pip Country				\$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 Registered Agent/Office Name					
PITTS, W. DOUGLAS			Name					
701 BRICKELL AVE.		Street Address (F		ss (P.O. Box Number is Not Acceptable)				
STE. 1400	Suite, Apt. #, etc.		#, etc.	etc.				
MIAMI FL 33131			City			FL	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)				DA1E .				
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 Fartno	r(s)	Address of Each Genera  11a. (Do NOT Use Post Office Bo	Partner x Numbers)	11b.	Cily, State & Zip Code	11c.	Registration/ Document Number	
LANCASTER DEVCORP, INC. 701 BRICKELL AVE., #1		MIAMI FL		M34390				
				300023630236 -12/04/9701076016 ****156.25 ****156.25			1236 076016 ****156.25	
<b>*</b>								
9				dec.				
N-i O								

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this lilling 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 and 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 any and that my signature shall have the same logal effects as if made under eath. Hurther certify that I am a General Partner of the limited pertnership, receiver or trustee empowered to execute this report

Dustos HPridaw, Tressures

305-378-8467