

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
 and
 MORRIS M. DEAN, Secretary of State
 DIVISION OF CORPORATIONS

A29733

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 DEC 24 PM 3:06

1. Name of Limited Partnership
MARION PROPERTIES RIC, LTD.

1a. DOCUMENT #
A29733

Mailing Address 101 N.E. First Avenue Ocala, FL 34470	Principal Office Address 101 N.E. First Avenue Ocala, FL 34470	3. Date Formed or Registered 03/01/1990	5a. Capital Contributions as Shown on record. \$38,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/18/1996	5b. Amount of Capital Contributions in FL ORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-2993276	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input checked="" 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

**John S. Rudniansyn
 101 N.E. First Avenue
 Ocala, FL 34470**

10. If changed, new Registered Agent/Office

Name
 Street Address (P.O. Box Number Is Not Acceptable)
 Suite, Apt. #, etc. **900002226928 J**
 City **-12/31/97--01030-012**
*****378. FL ***378.50**

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
GGG, Inc.	240 S.E. 17th Street	Ocala, FL 34471	L53395
	<p>AR - 266.00 ARSUPP 103.75 COS 8.75 <hr/> 378.50</p>		

MK 12/24/97

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 20, Florida Statutes.

SIGNATURE *Nolan C. Galloway*
 Nolan C. Galloway, President
 GGG, Inc., General Partner

DATE **12/22/97**
 Daytime Telephone Number **352-622-8127**

CR2E003 (9/97)