

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT -7 AM 8: 58

1. Name of Limited Partnership	1a. DOCUMENT # A29765
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VALUE CINEMAS OF FLORIDA, LTD. - I

Mailing Address 2999 PIEDMONT ROAD NE 2ND FLOOR ATLANTA GA 30305	Principal Office Address 1399 SOUTH STATE ROAD 7 NORTH LAUDERDALE FL 33068	3. Date Formed or Registered 03/09/1990	5a. Capital Contributions as Shown on record. \$780,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 09/23/1996	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 58-1821138	<input type="checkbox"/> Applied For <input 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 LEE, CLYDE E. 1399 SOUTH STATE ROAD 7 NORTH LAUDERDALE FL 33068	10. If changed, now Registered Agent/Office Name Ricky Atkins Street Address (P.O. Box Number is Not Acceptable) 1399 SOUTH STATE ROAD 7 Suite, Apt. #, etc. City North Lauderdale FL Zip Code 33068
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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 620.193, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Ricky Atkins*

DATE **9/30/97**

**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) VALUE CINEMAS OF FLORIDA, IN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2999 PIEDMONT RD.,2ND	11b. City, State & Zip Code ATLANTA GA 30305	11c. Registration/ Document Number M88168
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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 *Dennis P. Merton, Thero*

DATE **9/24/97**

Typed or Printed Name of General Partner Signing Form **Dennis P. Merton, Thero**

Daytime Telephone Number **404-264-4542**

CR2E003 (6/97)