FILE ON OR BEFORE APRIL 8,1998 TO AVOID **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 # A30164

FILED 98 NOV 20 PM 12: 59



fice Address Country	3a. 4.s 6. F 7.c	Date of Last Report 04/11/1997 Late or Country of Formation FL EI Number 59-3041485 entificate of Status Desired lake check payable to: Dept.	5a. Capi Show	tal Contributions as who on record. \$636,958.88 unit of Capital ributions in FLORIDA ate: Applied For Not Applicable \$8.75 Additional Fee Required	
FENUE FL 32792 fice Address Country	3a. 4.s 6. F 7.c	D6/05/1990 Date of Last Report D4/11/1997 Late or Country of Formation FL EI Number 59-3041485 ertificate of Status Desired lake check payable to: Dept.	5b. Amo Cont to da	unt of Capital ributions in FLORIDA ate: Applied For Not Applicable \$8.75 Additional Fee Required	
Country	4.s 6. F 7.c 8. M	Tate or Country of Formation L EI Number 59-3041485 ertificate of Status Desired take check payable to: Dept.		Applied For Not Applicable \$8.75 Additional Fee Required	
	7.c	59-3041485 ertificate of Status Desired lake check payable to: Dept.	of State (See rev	Not Applicable \$8.75 Additional Fee Required	
	8. M	ake check payable to: Dept.	of State (See rev	\$8.75 Additional Fee Required	
Name	10	If changed, new Begiste			
Name		ja ir onorigae) neir Hogisto	red Agent/Office	•	
Suite, At	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc12/04/9801094001				
RATION, LIMITE	D PARTNE	RSHIP OR OTHI		NESS ENTITY	
ss of Each General Partner Use Post Office Box Numbers)		ity, State & Zip Code	11c.	Registration/ Document Number	
MA AVENUE	WINTER	PARK FL 32792	2		
RE	STAT	EMENT	98	49 CM	
	A AVENUE	REMSTAT	REMISTATEMENT	MA AVENUE WINTER PARK FL 32792	

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 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	_
-----------	---

Typed or Printed Name of General Partner Signing I