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

LIMITED PARTNERSHIP ANNUAL REPORT

1998

GREAT OAKS PARTNERS, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A31307**

FILLE/ SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 19 AM 11: 25



Mailing Address 55 SETON TRAIL	Principal Office Address ATTN: ZEV COHEN, MUSICIENT		3, Date Formed or Registered 03/18/1991		5a. Capital Contributions as Shown on record.
ORMOND BEACH FL 32176	55 SETON TRAIL ORMOND BEACH FL 32176	55 SETON TRAIL		3a. Date of Last Roport 10/18/1996	\$8,500.00
				4. State or Country of Formation	5b. Amount of Capital Contributions in Ft OFIIDA to date:
2. Mailing Address	2a. Principal Office Address			FL	
Suite, Apt. #, etc. Dity & State	Suite, Apt. #, etc.			6. FEI Number 59-3075113	Applied For Not Applicable
City & State	City & State			7. Certificate of Status Desired	\$8.75 Add tiona
Zip Country	Zip	Country		- <u>-</u>	Feo Required
				• Make check payable to: Dept. bi	State (See reverse side for fee inform
9, Name and Address of Current Registered Agent BURNETT, RANDOM R ESQUIRE 501 N. GRANDVIEW AVE. DAYTONA BEACH FL 32114		10. If changed, now Registered Agent/Office			
		Name Street Address (P.O. Box Number Is Not Acceptable)			
				City	
	AT IS A CORPORATION UST BE REGISTERED A	AND ACTIV	E WIT	H THIS OFFICE.	PropletorCont
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	ce Box Numbers)	11b.	City, State & Zip Code	11c. Document Number
1011 GROUP, INC.	C/O ZEV COHEN, 55	C/O ZEV COHEN, 55 SET		OND BEACH FL 32176	\$09583
				200002 -11/21 ****1	\$54202\; 79701078005 68.25 ****163.25
					KWIY
Note: Conoral northers MAY N	IOT he changed on this fo	 		t must be filed to the	
Note: General partners MAY N	IOT be changed on this to	omi; an ame	namen	it must be filed to cha	inge a gene <u>ral</u> partne

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 it made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE

Typed or Printed Name of General Partner Signing Form

, fres. 1011 GROW, Box, GEN. PARTNER DATE 11/1497