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

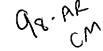
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A31361**

SATONA HOLDINGS, LTD.



FILED

97 OCT 24 AM II: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA



			1			
Malling Address	Principal Office Address 806 TARAY DE AVILA TAMPA FL 33813			3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
806 TARAY DE AVILA				04/01/1991	* 0.000.00	
TAMPA FL 33613			•	3a. Date of Last Report \$9,900.00		
				01/03/1997	5b. Amount of Capital	
				4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	28. Principal Office Address				9900.00	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			FL 6. FEI Number	14400.00	
				•	Applied For	
City & State	City & State			65-0251719	Not Applicable	
Zip Country	Zip Country			7. Certificate of Status Desired	\$8.75 Additional Feo Required	
Z.p Oodin'y	2.p Country		ŀ	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			
KRAMER, ROBERT M KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH HOLLYWOOD FL 33021		Name				
		Streel Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.				
						Ch
		City Zip Code				
		for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the second seco	tions of section 620.192, Florida Statutes.			DATE
MU	ST BE REGISTERED A	ND ACTI	VE WIT	H THIS OFFICE.	TO DO LITTE	
11, Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b.	City, State & Zip Code	11c. Registration/ Document Number	
KIPP, LARRY J	, LARRY J 806 TARAY DE AVILA		TAMPA FL		2214804	
		į		-10/28 ****1	3314984 78701048023 73.05 ****173.05	
Note: General partners MAY No	OT be changed on this fo	rm; an am	endmer	nt must be filed to cha	ange 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 Statules. I release the Division of

Opporations from any liability of non-compliance with Section 119.07(3)(4) 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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Daytime Telephone Number