

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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV -7 PM 1:54



<b>1. Name of Limited Partnership</b>  <b>FEDERAL MORTGAGE INVESTORS, LTD.</b>	<b>1a. DOCUMENT #</b> <b>A31899</b>
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<b>Mailing Address</b> % GUY S. DELLA PENNA 1800 SECOND ST., SUITE 780 SARASOTA FL 34236	<b>Principal Office Address</b> % GUY S. DELLA PENNA 1800 SECOND ST., SUITE 780 SARASOTA FL 34236
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country

<b>3. Date Formed or Registered</b> 08/20/1991	<b>5a. Capital Contributions as Shown on record.</b> \$2,569,000.00
<b>3a. Date of Last Report</b> 11/21/1996	<b>5b. Amount of Capital Contributions in FL ORIDA to date:</b>
<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> 65-0287111
<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	<b>\$8.75 Additional Fee Required</b>

<b>9. Name and Address of Current Registered Agent</b> DELLA PENNA, GUY S 1800 SECOND ST., SUITE 780 SARASOTA FL 34236	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 620.192, 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.**

<b>11. Name(s) of General Partner(s)</b> DELLA PENNA, GUY S CAPITAL MORTGAGE MANAGEMENT,	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 1800 SECOND ST., #780 1800 SECOND ST., #780	<b>11b. City, State &amp; Zip Code</b> SARASOTA FL SARASOTA FL	<b>11c. Registration/Document Number</b> S66567 300002346753-9 -11/13/97-0108-002 ****550.00 ****550.00
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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 19.07(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 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

DATE 11-5-97

Typed or Printed Name of General Partner Signing Form Guy S. Della Penna Co Gen Part Daytime Telephone Number (941) 865-4200

CP2E003 (5/97)