FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1997**

SEBASTIAN GROVE HOLDINGS, LTD.

Country



City & State

Zip

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

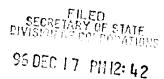
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

City & State

Zin

1a. DOCUMENT # **A32273**





Not Applicable

\$8.75 Additional Fee Required

		OD12/19	
Mailing Address 251-A ROYAL PALM WAY	Principal Office Address 251-A ROYAL PALM WAY	3. Date Formed or Registered 11/19/1991	5a. Capital Contributions as Shown on record \$1,050,000.00
SUITE 300 Palm Beach FL 33480-4319	SUITE 300 PALM BEACH FL 33480-4319	3a. Date of Last Report 12/26/1995	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	\$1,050,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number	Applied For

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
RHODES, PAUL	Name		
251-A ROYAL PALM WAY	Street Address (P.O. Box Number Not Necessial 1 2 2 2 2 2 2 2 2 2		
SUITE 300	Suite, Apt #, etc		
PALM BEACH FL 33480	City Zip Code		

Country

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-trarried 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

8. Make check payable to. Dept. of State (See reverse side for fee information)

65-0288257

7. Certificate of Status Desired

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)	11b. City. State & Zip Code	11c. Registration/ Document Number
RHODES, PAUL	251A ROYAL PALM WAY,	PALM BEACH FL 33480	
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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 trusted empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE	\mathcal{L}
DIGITATIONE	

DATE 18/12/910

Typed or Printed Name of General Partner Signing Form ________P

PAUL RHODES

Daytime Telephone Number 561 659-

561 659-5400

CR2E003 (6/96)