


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
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FILED
98 JAN 27 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership BRIARGROVE, LTD.	1a. DOCUMENT # A32752 <i>98-AR</i>
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Mailing Address P.O. BOX 1748 WINTER PARK FL 32790-1748	Principal Office Address P.O. BOX 1748 WINTER PARK FL 32790-1748
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 03/27/1992	5a. Capital Contributions as Shown on record. \$1,000,000.00
3a. Date of Last Report 01/02/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$1,078,522.23
4. State or Country of Formation FL	6. FEI Number 59-3158027
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BATTAGLIA, W. P. 222 W. COMSTOCK AVE WINTER PARK, FL 32789	10. If changed, new Registered Agent/Office 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.

11. Name(s) of General Partner(s) RWI, INC. CR 54, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1300 N. SEMORAN BLVD 428 E. PLANT STREET # 100 2487 ALOMA AVENUE	11b. City, State & Zip Code ORLANDO, FL WINTER GARDEN FL WINTER PARK FL	11c. Registration/Document Number 32809523729 S23729 S67905
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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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Robert N. Gardner* U. Pres CR 54 Inc DATE 11/20/97
 Typed or Printed Name of General Partner Signing Form **ROBT N GARDNER** Daytime Telephone Number 407 674 1748

CR2E003 (6/97)