## 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

a. DOCUMENT # A33041

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 SEP 29 PM 12: 00



	700041			\$188; \$181 \$181  \$181  \$181  \$181  B28  \$181  \$181
HARVEY FARMS, LTD.			1.1811111 1881 11884 11811 1181	
Mailing Address 6265 SE 86TH BYLVD. OKEECHOBEE FL 34974	Principal Office Address 6265 SE 86TH BYLYD. OKEECHOBEE FL 34974		3. Date Formed or Registered 06/08/1992 3a. Date of Last Report	5a. Capital Contributions as Shown on record.
2. Mailing Address	28. Principal Office Address		12/20/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	141,492.00 Applied For
City & State  Zip Country	City & State	Country	7. Certificate of Status Desired	Not Applicable  \$8.75 Additional Fee Required
9. Name and Address of C		- 	Make check payable to: Dept.      If changed, new Register	of State (See reverse side for fee information)
HARVEY, CLOIS J 6565 SE 86TH BLVD. OKEECHOBEE FL 34974  10a. Pursuant to the provisions of sections 620 10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblight	ice or registered agent, or both, in the State of Flor gations of section 620.192, Florida Statutes.	Suite, Apt. #  City  OKee d limited partner	ess (P.O. Box Number Is Not Acceptable)  SE SIGHT BLVd.  etc.  Chobee  orship organized or registered under the laws of	ereby accept the appointment of registered
A GENERAL PARTNER TH	·		PARTNERSHIP OR OTHI	
11. Name(s) of General Partner(s)	11a. Address of Each General		11b. City, State & Zip Code	11c. Registration/ Document Number
HARVEY FARMS CORP.	6265 SE 86TH BLVD.			/9701 <b>1/0</b> 2 <sub>27</sub> -0(14 <sup>)</sup>
			****	641.25 **(**\$AT.25
Note: General partners MAY N	IOT be changed on this form	; an ame	endment must be filed to ch	ange a general partner.
	e with Section 119.07(3)(k) in the event that the inf my signature shall have the same legal effects as i by chapter 620, Florida Statutes.	ormation suppl f made under d	ied is deemed exempt from public access. I fur alth. I further certify that I am a General Partner	ther certify that the information Indicated on of the limited partnership, receiver or trustee
Typed or Printed Name of General Partner Signing Form			Daytime Telephone Number	141)763-4270