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

DOCUMENT#

FILED							
97 S							
SECK TALLA	Ë i / NHA	iry SSE	OF S E, Fl	51.A .OF	. I : NUA		

	A33076				
RUN LTD.	98-AR CM		! HE FIGUS FIGUR STREET ST	1910 BAN BANA BABA BABA GIBN BABA BABA 1881	
Mailing Address	Principal Office Address	***********	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
11617 INNFIELDS DR. SUITE A ODESSA FL 33556	11617 INNFIELDS DR. SUITE A ODESSA FL 33556		06/17/1992 3a. Date of Last Report 09/18/1996 4. State or Country of Formation	\$1,500,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	28. Principal Office Address		FL	\$1,360,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State	,,	7. Certificate of Status Desired	Not Applicable 88.75 Additional	
Zip Country	Zip	Country	8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee Information)	
9. Name and Address o	of Current Registered Agent		10. If changed, new Registere	d Agent/Office	
for the purpose of changing its registered agent. I am familiar with, and accept the discount SIGNATURE (Registered Agent Accepting Appoint		Suite, Apt. #, etc. City Id limited partnership or rida. Such change was	authorized by its general partner(s). I her	eby accept the appointment of registered	
A GENERAL PARTNER 1	THAT IS A CORPORATION, L MUST BE REGISTERED AN	IMITED PAR D ACTIVE W	TNERSHIP OR OTHE ITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	Parlner ox Numbers)	City, State & Zip Code	11c. Registration/ Document Number	
CAROLINE INVESTMENTS,INC	11617 INNFIELDS DR.	0	DESSA FL	L37937	
			60002 -09/23 ****5	3014461 /9701093007 50.00 ****550.00	

Note General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do pereby 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 Comprations 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 high signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE _

Typed or Printed Name of General Partner Signing Form

Henry H. Blanton

DATE 9/17/97

Daytime Telephone Number (813) 920-6602