FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED LIMITED PARTNERSHIP FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 98 DEC 24 AM 9:53 1999 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE. FLORIDA **DOCUMENT#** 1. Name of Limited Partnership A33362 BETTON PLACE, LTD. 3. Date Formed or Registered 5a. Capital Contributions as Shown on record. Principal Office Address Mailing Address 08/28/1992 ATTN: OFFICE ATTN: OFFICE \$30,257.00 3a. Date of Last Report 1828 WEST PENSACOLA STREET 1828 WEST PENSACOLA STREET TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 5b. Amount of Capital Contributions in FLORIDA 01/06/1998 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 59-3179999 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office COOPER, CHARLES L., JR. Street Address (P.O. Box Number Is Not Acceptable) 3375-A CAPITAL CIRCLE, N.E. 2414 East Plaza Drive Suite, Apt. #, etc. TALLAHASSE Zip Code 10a. Pursuant ed limited partnership organized or registered under the laws of the State of Florida, submits this statement for the pur ida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent la SIGNATURE (Regis DATE LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY A GENER ND ACTIVE WITH THIS OFFICE eral Partner Box Numbers) Registration/ City, State & Zip Code 11b. 11c. 11. Document Number CR2E003 (8/98) RAINEY, DEI TALLAHASSEE FL 32304 sacola 700002742967--2 -01/15/99--01007--006 ***1353.05 *****300.55 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 any that my signature shall have the same legal effects as if made under cath. 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 Typed or Printed Name of General Partiter Signing Form Daytime Telephone Numbe