FILE ON OR BEFORE APRIL 8,1998 TO AVOID **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# A9200000247

FILLED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR -8 PH 1: 13



200 HGHWAY 60 WEST MUBERRY FL 39800 US 28. Principal Office Address 28. Principal Office Address 28. Principal Office Address 28. Principal Office Address 29. Malling Address 29. Malling Address 20. Suito, Aprl. #, etc. 30. Name and Address of Current Registered Agent 4. State or Country of Portston FL 4. State or Country of Portston 59-3156258 30. April et of 59-3156258 30. Name and Address of Current Registered Agent 4. State or Country 7. Country 8. Male unclk, registered of the State of	EO RECOVERY SERVICE	S, LTD.		# 188/8/1 1918 191/9 118/1 88/11 	99) 88 98 99 88 88 8 8 1981	
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2. Malling Address 2. Principal Office Address 2. Suite, Apt. #, etc.				08/22/1997	Contributions in FLORIDA	
City & State Ci	2. Malling Address	2a. Principal Office Address	2a. Principal Office Address			
City & State City & State City & State City & State T. Confided or Status Desired S. A. State S. F. & Addison Concerning S. F. & Addison Concer	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			
8, Make check payable to Dept of Shale (See reverse side for fee into the provisions of Shale (See reverse side for fee into the provisions of sections \$20 (105) and \$20,132. Florida Statutes, the above named limited partnership organized or projected under the laws of the State of Fordita, submits his set of Fordita (Registered Agent), or both, in the State of Fordita Such change was authorized by the general partner(s). Indeed, and accept the obligation of sections \$20 (105) and \$20,132. Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Fordita, submits his set of fordita Such change was authorized by the general partner(s). Indeed, submits his set of Fordita Such change was authorized by the general partner(s). Indeed, submits his set of Fordita Such change was authorized by the general partner(s). Indeed, submits his set of Fordita Such change was authorized by the general partner(s). Indeed, submits his set of Fordita Such change was authorized by the general partner(s). Indeed, submits his set of Fordita Such change was authorized by the general partner(s). Indeed, submits his set of Fordita Such change was authorized by the general partner(s). Indeed, submits his set of Fordita Such change was authorized by the general partner(s). Indeed, submits his set of Fordita Such change was authorized by the general partner(s). Indeed, submits his set of Fordita Such change was authorized by the general partner(s). Indeed, submits his set of Fordita Such change was authorized by the general partner(s). Indeed, submits his set of Fordita Such change of Fordita Such and submits his set of Ford	City & State	City & State	City & State		Not Applicable \$8.75 Additional	
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Stool Address [P.O. gov. Number is Not Acceptable] Stool Address [P.O. gov. Number is N	9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the taws of the State of Florida. submits this att for the purpose of changing its registered affect 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 treating agent. I am familiar with, and accept the obligations of section 620 1927. Physical Statutes. SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s). 11a. Address of Each General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City. State & Zip Code. 11c. Registration Power of the State of Florida. Statutes are contained by the state of the State of Florida. Statutes are contained by the State of Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119 07(3(k)), in the even that the information aupplied is deemed are may from public access. I further certify that the information in the implements with the information in a recommendation of the Imited partnership, receiver empowered to execute this report as required by chalpier 620, Florida Statutes.	1200 S. PINE ISLAND ROAD		Street Address (P.O. Box Number Is Not Acceptable) 1200 N			
11. Name(s) of General Partner(s) 11a. Address of Each General Partner 11b. City. State & Zip Code 11c. Registration/ Document Numb 11b. City. State & Zip Code 11c. Registration/ Document Numb 11b. City. State & Zip Code 11c. Registration/ Document Numb 11b. City. State & Zip Code 11c. Registration/ Document Numb 11c. Registration/ Do	for the purpose of changing its registered o agent. I am familiar with, and accept the ob- SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TH	Ince or registered agent, or both, in the State of Filipations of section 620 192, Founda Statutes. ent) HAT IS A CORPORATION,	lorida Such chan	ge was authorized by its general partner(s). I he	reby accept the appointment of registered	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general part 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 indic 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 Genoral Parliner of the limited partnership, receiver ampowered to execute this report as required by chapter 620, Florida Statutes.	11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office I	eral Partner Box Numbors)	11b. City, State & Zip Code	11c. Registration/ Document Number	
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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 indict 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 a empowered to execute this report as required by chapter 620, Florida Statutes.				米身米米 □	355.00 *****535.00	
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