## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT **JO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



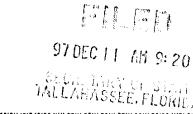
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A93000000358





3. Date Formed or Registered 04/12/1993 3a. Date of Last Report 11/27/1996 4. State or Country of Formation FL	5a. Capital Contributions as Shown on record \$9,000.00  5b. Amount of Capital Contributions in FLORIDA to date:
04/12/1993 3a. Date of Last Report 11/27/1996 4. Stale or Country of Formation	\$9,000.00  \$9,000.00  5b. Amount of Capital Contributions in FLORIDA
04/12/1993 3a. Date of Last Report 11/27/1996 4. Stale or Country of Formation	\$9,000.00  \$9,000.00  5b. Amount of Capital Contributions in FLORIDA
3a. Date of Last Report 11/27/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA
11/27/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA
4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
,	to date:
	}
6. FEI Number 11-3155153	Applied For Not Applicable
7. Certificate of Status Desired	\$8.75 Additional Fee Required
8, Make check payable to: Dept. of	State (See reverse side for fee Information)
10. If changed, new Registere	d Agent/Office
• •	376541—-4
***** [	66.75 ****** 66.75
thorized by its general partner(s). I here	ne State of Florida submits this statement aby accept the appointment of registered
NERSHIP OR OTHE	R BUSINESS ENTITY
City, State & Zip Code	11c. Registration/ Document Number
M BEACH FL 33480	P92000014772
	6. FEI Number 11-3155153 7. Certificate of Status Desired 8. Make check payable to: Dept. of 10. If changed, new Registere  Box Number is Not Acceptable) 11-12-12-12-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-

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 furn shod 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 logal effects as if made under eath. 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 by X

Typed or Printed Name of General Parlner Signing Form

Richard Schlesinger

DATE \_

Daylime Telephone Number