## 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 # <sup>1</sup>A93000001318

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 SEP 23 AM 9: 59



9-20-97

AKE HELEN COURT RRH	I, LTD.			1811   8411   1811   1814   1814   1816   1816   1816   1816   1816   1816   1816   1816   1816   1816   1816   
Mailing Address P.O. DRAWER 2610 GAINESVILLE FL 32802-2610	Principal Office Address  205 N.W. 22ND STREET  GAINESVILLE FL 32603-1414		3. Date Formed or Registered 12/10/1993 3a. Date of Last Report 10/28/1996 4. State or Country of Formation FL	58. Capital Contributions as Shown on record. \$100.00  5b. Amount of Capital Contributions in FLORIDA to date:
2. Malling Address	2a. Principal Office Address			
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State		6. FEI Number 59-3270872	Applied For Not Applicable
Oily & State	City di State		7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip C	Country	8. Make check payable to: Dept. of	Fee Required  State (See reverse side for fee information)
9. Name and Address of	Current Registered Agent		10. If changed, new Registere	ad Agent/Office
for the purpose of changing its registered agent. I am familiar with, and accept the ol  SIGNATURE (Registered Agent Accepting Appointr A GENERAL PARTNER T	HAT IS A CORPORATION, LI	Suite, Apt. #, etc.  City  Irmited partnership or fa. Such change was	authorized by its general partner(s). I her  DATE  TOTHERSHIP OR OTHE	eby accept the appointment of registered
11, Name(s) of General Partner(s)	MUST BE REGISTERED AND Address of Each General I  11a. (Do NOT Use Post Office Box			11c. Registration/
CHAPMAN, WAYNE A SANCHEZ, J. ROLANDO	4935 N. SURFCREST DRI 205 N.W. 22ND STREET	0.	OAK HARBOR WA 98277  GAINESVILLE FL 32603	
/			7000022 -09/26 ****1	304877-3 /97-01078-002 65.00 ****165.00
12. I do hereby certify that the information suppli Corporations from any liability of non-complia	NOT be changed on this form; ed with this filing is voluntarily furnished and does not ance with Section 119.07(3)(k) in the event that the info nat my signature shall have the same legal effects as if	qualify for the exempti irmation supplied is di	ion stated in Section 119.07(3)(k). Florida semed exempt from public access. I furth	ange a general partner.  Statutes: t release the Division of the certify that the information indicated on