



**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 MAR -9 PM 12:44</p> 	
1. Name of Limited Partnership TARPON-TAHITI, LIMITED		1a. DOCUMENT # A93000001334			
Mailing Address 2337 U.S. HIGHWAY 19 HOLIDAY FL 34691		Principal Office Address 2337 U.S. HIGHWAY 19 HOLIDAY FL 34691		3. Date Formed or Registered 12/14/1993	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 01/02/1997	
4. State or Country of Formation FL		5a. Capital Contributions as Shown on record. \$337,500.00		5b. Amount of Capital Contributions in FLORIDA to date:	
6. FEI Number 95-3871366		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
7. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent MULLINS, ROBERT 2007 U.S. HIGHWAY 19 HOLIDAY FL 34691	10. If changed, new Registered Agent/Office Name <u>Jackie Prather</u> Street Address (P.O. Box Number is Not Acceptable) <u>2337 US 19</u> Suite, Apt. #, etc. City <u>HOLIDAY</u> <u>FL</u> <u>34691</u>
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office 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 registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Jackie Prather DATE 3-5-98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) HIRSHON, JACK M	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2337 U.S. HIGHWAY 19	11b. City, State & Zip Code HOLIDAY FL 34691	11c. Registration/Document Number 400002456834--3 -03/13/98--01078--027 *****535.00 *****535.00
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dee (new)

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 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 or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Jack M. Hirshon DATE 3/5/98

JACK M. HIRSHON

Partners Telephone Number (813) 937-4121

CR2E003 (12/97)