

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

FILED

98 FEB 10 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership **1a. DOCUMENT #**
A94000000103

HUNTERWOOD ASSOCIATES LIMITED PARTNERSHIP

Mailing Address **Principal Office Address**
777 41ST STREET, 4TH FLOOR **200 STARCREST DR**
MIAMI BEACH FL 33140 **CLEARWATER FL 34625**

2. Mailing Address **2a. Principal Office Address**
Suite, Apt. #, etc. **777 Arthur Godfrey Rd**
City & State **400**
MIAMI BCH., FL 33140
Zip **33140** Country

3. Date Formed or Registered **01/24/1994**
5a. Capital Contributions as Shown on record **\$126,022.92**
3a. Date of Last Report **12/30/1996**
5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation **FL**
6. FEI Number **65-0467641** 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)

9. Name and Address of Current Registered Agent
EVANS, LAURIE P
328 MINORCA AVENUE
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office
Name **PHIL GROSS**
Street Address (P.O. Box Number is Not Acceptable) **777 Arthur Godfrey Road**
Suite, Apt. #, etc. **400**
City **MIAMI BEACH** FL Zip Code **33140**

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) **[Signature]** DATE **2/9/98**

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
VAIL VALLEY SALVAGE CORP.	777 41ST STREET, 4TH	MIAMI BEACH FL 33140	L31909

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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 **[Signature]** DATE _____
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number **305-538-4314**

CR2E003 (6/97)