

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 10 12: 00



B/K 3/9/98

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership ANGEL/ESTELA OLIVA FAMILY PARTNERSHIP, LTD.	1a. DOCUMENT # A94000000313
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Mailing Address P.O. BOX 2206 TAMPA FL 33801	Principal Office Address 2008 18TH STREET TAMPA FL 33605
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3. Date Formed or Registered 03/11/1994	5a. Capital Contributions as Shown on record. \$5,000,000.00
3a. Date of Last Report 01/23/1997	5b. Amount of Capital Contributions in FLORIDA to date. 1,098,211

2. Mailing Address	2a. Principal Office Address
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4. State or Country of Formation FL	6. FEI Number 58-3247590
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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City & State	City & State
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8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required
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Zip Country	Zip Country
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9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
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OLIVA, ESTELA 2008 18TH ST. TAMPA FL 33605
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Name Street Address (P.O. Box Number) 010002457380--0 -03/13/98--01124--007 Suite, Apt. #, etc. ***541.25 ***541.25 City FL Zip Code

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)	DATE
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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
*OLIVA, ANGEL (dec'd 8/31/96)	2008 18TH ST.	TAMPA FL 33605	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -9 PM 12: 00
OLIVA, ESTELA	2008 18TH ST.	TAMPA FL 33605	
OLIVA, ANGEL JR	2008 18TH ST.	TAMPA FL 33605	
OLIVA, JOHN E	2008 18TH ST.	TAMPA FL 33605	

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 <i>John E. Oliva</i>	DATE <i>12/16/97</i>
Typed or Printed Name of General Partner Signing Form JOHN E. OLIVA	Daytime Telephone Number 813/248-4921

CR2E003 (6/97)