



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 SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN -2 PM 3:36	
1. Name of Limited Partnership IVEY GROVES, LTD.		1a. DOCUMENT # A94000000553			
Mailing Address 2220 BOGGY CREEK ROAD KISSIMMEE FL 34744		Principal Office Address 2220 BOGGY CREEK ROAD KISSIMMEE FL 34744		3. Date Formed or Registered 04/21/1994	
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 02/18/1997	
				4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record. \$300,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date	
				6. FEI Number 59-3238964 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input 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 MOTOLAW, INC. C/O MILAM OTERO LARSEN DAWSON & TRAYLOR PA 1301 RIVERPLACE BLVD., STE. 1301 JACKSONVILLE FL 32207		10. If changed, now Registered Agent/Office Name 2000002405572-3 Street Address (P.O. Box Number is Not Acceptable) 01/20/98-01155-003 Suite, Apt. #, etc. ****541.25 ****541.25 City FL Zip Code	
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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)

DATE

**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
IVEY FAMILY HOLDINGS, INC.	2220 BOGGY CREEK ROAD	KISSIMMEE FL 34744	P94000020397

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

Clarence L. Ivey

DATE

12/17/97

Typed or Printed Name of General Partner Signing Form

Clarence L. Ivey

Daytime Telephone Number

(407) 348-4857

CR2E003 (6/97)