

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 97 DEC 24 PM 2:41 <i>Wily</i>	
1. Name of Limited Partnership		1a. DOCUMENT # A94000000643			
HAVANA BLOSSOM LIMITED PARTNERSHIP					
Mailing Address ROUTE 1, BOX 440 WILLISTON FL 32696		Principal Office Address ROUTE 1, BOX 440 WILLISTON FL 32696		3. Date Formed or Registered 05/05/1994	5a. Capital Contributions as Shown on record. \$3,281,895.00
				3a. Date of Last Report 10/03/1996	
2. Mailing Address 20551 NE 75th St Suite, Apt. #, etc.		2a. Principal Office Address 20551 NE 75th St Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 3,281,895.00
City & State		City & State		6. FEI Number 59-3245646	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		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 WHITEHURST, DAN E ROUTE 1 BOX 440 20551 NE 75th St WILLISTON FL 32696	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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) WHITEHURST, DAN E WHITEHURST, BETTY C	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ROUTE 1, BOX 440 ROUTE 1, BOX 440 20551 NE 75th St	11b. City, State & Zip Code WILLISTON FL 32696 WILLISTON FL 32696	11c. Registration/Document Number 700002394757-0 -01/03/98--01111--009 ****541.25 ****541.25
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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 *Dan E. Whitehurst*
Typed or Printed Name of General Partner Signing Form **DAN E Whitehurst**

DATE **12-3-97**
Daytime Telephone Number **352-528-2101**

CR2E003 (6/97)