

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
97 DEC 29 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A94000000845

LOW/HIGH FUND, LIMITED PARTNERSHIP

98. AR
CM

Mailing Address

3205 BEACON ST.
POMPANO BEACH FL 33062

Principal Office Address

3205 BEACON ST.
POMPANO BEACH FL 33062

3. Date Formed or Registered

06/24/1994

3a. Date of Last Report

12/23/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$500,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$179,477.60

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

65-0426014

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

ROEN, SHELDON R
3205 BEACON ST
POMPANO BEACH FL 33062

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

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)

Henri L. Roen

DATE

12/22/97

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)

ROEN, SHELDON R
ROEN, HARRIS
ROEN, DIANE

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

3205 BEACON ST.
HC 32, BOX 39A
HC 32, BOX 39A

11b. City, State & Zip Code

POMPANO BEACH FL 3306
CALAIS VT 05648
CALAIS VT 05648

11c. Registration/
Document Number

400002398634--8
-01/13/98--01079--023
****541.25 ****541.25

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

Henri L. Roen

DATE

12/22/97

Typed or Printed Name of General Partner Signing Form

Harris L. Roen

Daytime Telephone Number

802-223-4308

CR2E003 (6/97)