## FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

CORRECTED

LIMITED PARTNERSHIP ANNUAL REPORT 1998

AVERE FAMILY LIMITED PARTNERSHIP



FLOHIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9400000966** 

FILED

98 APR -7 PM 1:08

SECRETARY OF STATEA

Malling Address Principal Office Address  30 WINDSOR LANE 30 WINDSOR LANE				3. Date Formed or Registered 07/15/1994	<b>5a.</b> Capital Contributions as Shown on record.		
PALM BEACH GARDENS FL 33418	PALM BEACH GARDENS FL 33418		;	3a. Date of Last Report 02/12/1997		\$964,299.39	
				4. State or Country of Formation	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address			FL	# 964,299.39		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		-	6. FEI Number 65-0505013	Applied For		
City & State	City & State			7. Certificate of Status Desired	Not Applicable  \$8,75 Additional		
Zip Country	Zip Country			R. Make check payable to: Dopt. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name					
		Streot 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 of for the purpose of changing its registered office or reagent. Lam familiar with, and accept the obligations of	gistered agent, or both, in the State of Flor	d limited partne ida Such chan	rship organiz ge was autho	red or registered under the laws of the virged by its general partner(s). I her	he State of Floi eby accept the	rida, submits this statement e appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment) DATE							
A GENERAL PARTNER THAT I	S A CORPORATION, L BE REGISTERED AN	IMITED D ACTIV	PARTN'E WITH	NERSHIP OR OTHE H THIS OFFICE.	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner x Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
LAVERE, BETTY TRUSTEE	30 WINDSOR LANE		PALI	M BEACH GARDENS FL			

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 filling 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 tability 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620, Florida Statutes.

C18(1) 900(18(0)

APR - 8 1998