

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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 FEB -5 AM 11:23



1. Name of Limited Partnership	1a. DOCUMENT # A94000001077
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A&M OF HENDRY COUNTY, LTD.

Mailing Address 5530 PROCTOR ROAD SARASOTA FL 34233		Principal Office Address 5330 PROCTOR ROAD SARASOTA FL 34233		3. Date Formed or Registered 08/08/1994	5a. Capital Contributions as Shown on record. \$5,029,770.00
2. Mailing Address 5430 Proctor Rd		2a. Principal Office Address 5430 Proctor Rd		3a. Date of Last Report 10/29/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
City & State SARASOTA FL		City & State SARASOTA FL		6. FEI Number 65-0513119	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34233		Zip 34233		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 STRODE, WILLIAM C 720 SO. ORANGE AVE. SARASOTA FL 34236	10. If changed, new Registered Agent/Office Name 7000002432777--0 Street Address (P.O. Box Number is Not Acceptable) 02/17/98--01054--001 Suite, Apt. #, etc. ****526.25 ****526.25 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) A&M MANAGEMENT OF HENDRY COU	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5430 PROCTOR RD.	11b. City, State & Zip Code SARASOTA FL 34233	11c. Registration/Document Number P94000053150
KWM			

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 _____ DATE **2-2-98**

CR2E003 (12/97)