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

1. Name of Limited Partnership

n. DOCUMENT # **A9400001401**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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NTER PARK COMMERCE CENTER, LTD.							
No. BOX 5420 NINTER PARK FL 32763	Suite, Apt. #, etc. City & State WMTR PARK Zip Country			3. Date Formed or Registered 10/17/1994 38. Date of Last Report 01/13/1997		5a. Capital Contributions as Shown on record. \$315,000.00	
2. Mailing Address B 90 E. LAKE SUE AXC. Suite, Apt. #, etc. Sity & State DIWYER PARK F L Sip Country			7	FL 5, FEI Number 59-3277016 7. Certificate of Status Desired	5b. Amount of Capital Contributions in FLORIDA to date: 87, CCC Applied For Not Applicable \$8.75 Additional Foo Required		
9. Name and Address of Current R ADKINS, BURLEY (B.G.) G 890 E. LAKE SUE	32789	8. Make check payable to: Dept. of State (See reverse side for fee Information 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable)					
WINTER PARK FL 32793	Suite, Apt. #, etc City 20.192, Florida Statutes, the above-named limited partnership			FL Zip Code organized or registered under the laws of the State of Florida, submits this stalement			
for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations of GNATURE (Registered Agent Accepting Appointment)	of section 620.192, Florida Statutes	, LIMITED	PARTN	DATE ERSHIP OR OTHE		<u> </u>	
1. Name(s) of General Partner(s)	11a. Address of Each Gor (Do NOT Use Post Office	neral Partner e Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
ADKINS, B G	6976 ALOMA AVENUE 890 E.LAKO		WINTE	R PARK FL 82792 3 2 7 4 3 5 0 0 0 0 2 1 -12/02	515 CI 5	1256 031008 ****\$41.25	
Note: General partners MAY NOT	pe changed on this fo	rm: an ame	ndment			[/] KM _W	

periodicis from any liability of non-compliance with Soction 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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.