

**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 18 PM 12:53



1. Name of Limited Partnership  
**1a. DOCUMENT #  
A94000001435**

**SHAUN HILLARY, SR. LIMITED PARTNERSHIP**

Mailing Address <b>619 STATE ROAD 50 GROVELAND FL 34736</b>		Principal Office Address <b>619 STATE ROAD 50 GROVELAND FL 34736</b>		3. Date Formed or Registered <b>10/26/1994</b>	5a. Capital Contributions as Shown on record <b>\$767,250.00</b>
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report <b>10/21/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FL ORIDA to date:
City & State		City & State		6. FEI Number <b>59-3280791</b>	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent <b>HATCHER, STEPHEN B 315 E. ROBINSON STREET ORLANDO FL 32801</b>		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		<b>FL</b>	

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) <b>HILLARY, JOHN J JR.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>619 STATE ROAD 50</b>	11b. City, State & Zip Code <b>GROVELAND FL 34736</b>	11c. Registration/Document Number <b>400002381984-6 -12/24/97-01050-022 ***541.25 ***541.25</b>
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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 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 **12/15/97**  
Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number **352-429-4251**

CR2E003 (6/97)