## 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

**DOCUMENT #** A94000001544

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 26 PM 1: 47



			3. Date Formed or Registered  11/17/1994  38. Date of Last Report		5a, Capital Contributions as Shown on record.	
			12/27/1996  4. State or Country of Formation	g to date		
ess	Za. Principal Utilice Address		FL	1,66	1,669,200.30	
	Suite, Apt. #, etc.		6. FEI Number		Applied For	
	City & State			Not Applicable		
Country	Zip Country		/ . Certificate of Status Desired	7. Certificate of Status Desired \$8.75 Add Fee Roqu		
			8. Make check payable to: Dept. o	of State (Sec reve	orse side for fee informatio	
9. Name and Address of Current	Registered Agent		10. If changed, new Register	ed Agent/Olfice	<del></del>	
HALVORSON, WILLIAM A 2900 14TH STREET NORTH, #60 NAPLES FL 34103		Namo				
		Streel Address (P.O. Box Number is Not Acceptable)				
		Suite, Apt. #, etc.				
		City	Zip Code		Zip Code	
oose of changing its registered office or familiar with, and accept the obligation ered Agent Accepting Appointment).	registered agent, or both, in the State of FI s of section 620.192, Florida Statutos.	orida. Such chang	pe was authorized by its general partner(s). The  DAT  PARTNERSHIP OR OTHI	ereby accept the	appointment of registered	
MUS	T BE REGISTERED AN	ID ACTIV	E WITH THIS OFFICE.	····	Registration/	
of General Partner(s)	11a. (Do NOT Use Post Office E	Box Numbers)	11b. City, State & Zip Code	11c.	Document Number	
I RESEARCH ASSOCIATE	2900 14TH STREET NORT		NAPLES FL 33940	G92126000016		
			500002 -01/0			
	Country  9. Name and Address of Current , WILLIAM A TREET NORTH, #60 4103  othe provisions of sections 620.1051 an pose of changing its registered office or n familiar with, and accept the obligation lered Agent Accepting Appointment).	Pass  280 14TH STREET NORTH, #80 NAPLES FL 33940  28. Principal Office Address Suite, Apl. #, etc.  City & State  Country  7:p  9. Name and Address of Current Registered Agent WILLIAM A TREET NORTH, #60 14103  Othe provisions of sections 620,1051 and 620,192, Florida Statutes, the above-name pose of changing its registered office or registered agent, or both, in the State of Floridal Floridal Statutes.  Part Address of Each General Partner(s)  Address of Each General Partner(s)  11a. (Do NOT Use Post Office E	Pass 28. Principal Office Address  Suite, Apl. #, etc.  City & State  Country 7/p Country  9. Name and Address of Current Registered Agent Name Name Name Name Street Address Nulluam A TREET NORTH, #60  \$4103  The provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partner pose of changing its registered office or registered agent, or both, in the State of Florida. Such change of familiar with, and accept the obligations of section 620.192, Florida Statutes.  Pal Partner That is a Corporation, Limited Must be Registered and Accity Tof General Partner(s)  118. (Do NOT Use Post Office Box Numbers)	T NORTH. #60  2900 14TH STREET NORTH. #60 NAPLES FL 33940  28. Principal Office Address  28. Principal Office Address  28. Principal Office Address  FL Suite, Apl. #, etc.  City & State  Country  7 ip Country  8. Make check payable to: Dept. c  9. Name and Address of Current Registered Agent Namic  Namic  Namic  Street Address (P.O. Box Number is Not Acceptable)  At 103  Suite, Apl. #, etc.  City  Suite, Apl. #, etc.  City  Address of Country  Date provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of pose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). The familiar with, and accept the obligations of sections 620.192, Florida Statutes.  Bered Agent Accepting Appointment)  PAT  RAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHING MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  To General Partner(s)  11b. City, State & Zip Code	I NORTH. #60  2300 14TH STREET NORTH, #60 NAPLES FL 33940  28. Principal Office Address  28. Principal Office Address  28. Principal Office Address  28. State  29. State  City & State  City & State  Country  7/p  Country  7/p  Country  10. If changed, now Registered Agent/Office Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  City  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 Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida Statutes, the above-named limited partnership organized by its general partner(s). Hereby secept the familiar with, and accept the objection of section 820.192, Florida Statutes.  RAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  Tot General Partner(c)  118. Address of Each General Partner (b) Non Use Pest Office Box Numbers)  11b. City, State & 7ip Code  11c.	

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 logal 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.

SIGNATURE \_

William a. Holmon

Typed or Printed Name of General Partner Signing form 67. A. HALVOR SON

Daytime Telephone Number