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

SIGNATURE

Typed or Printed Name of General Pariner Signing Form District. Robertson

SECRETARY OF STATE DIVISION OF CORPORATIONS

Daytime Telephone Number



A9400001782 LIASON, LTD. James of Lemisor Perception Office Address Bit VA VERONA Bit VA VERONA Bit VA VERONA BERRED BEACH FL 33442 Zer Principal Office Address Sulfa, Apt. 6, etc. City 6 State Description of Country De	1998	DIVISION OF	ary of State CORPORATIONS	DIVISION OF COR 97 NOV 10 1	
Listing Address See VA VERDNA ESERTELD BEACH FL 33442 DERRIELD BEACH FL 33442 2. Melting Address Suite, Apt. 4, etc. Suite, Apt.	1. Name of Limited Partnership				
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DERRIELD BEACH FL 33442 28. Principal Office Address 28. Principal Office Address 53. Anount of Capital Control Con	Aailing Address	Principal Office Address	**************************************	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
2. Mailing Address 2. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. FE Number 6. Go-542985 7. Contributions in Prud 6. FE Number 7. Contributions of Suite Applied 8. Mails check payable to Dept. of State (See revirus elids for fer 8. Mails check payable to Dept. of State (See revirus elids for fer 8. Mails check payable to Dept. of State (See revirus elids for fer 8. Mails check payable to Dept. of State (See revirus elids for fer 8. Mails check payable to Dept. of State (See revirus elids for fer 9. Name and Address of Current Registered Agent 10. If champed, new Registered Agent/Office 8. Mails check payable to Dept. of State (See revirus elids for fer Name Sireot Address (P.O. Box Number is Not Acceptable) Salte, Apt. #, etc. City FL Zip Code 10. Agent is etc. City FL Zip Code City FL					\$1,000,000.00
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·	5b. Amount of Capital Contributions in FLORIDA to date:
City & State City & State Country Zip Country To. II changed, new Registered Agent/Office 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check payable to: Dept. of State (See reverse side for fe 8. Make check p	2. Mailing Address	2a. Principal Office Address	·		539.3AD
To Country Typ Typ Typ Typ Typ Typ Typ T					Applied For Not Applicable
8. Make check payable to: Dept. of State (See reverse side for for general partners) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Offico Namo Street Address (P.O. Box Number is Not Acceptable) State Address (P.O. Box Number is Not Acceptable in Section 19 07 (3) (P. Forida Statutes In Page table In		·	Country		\$8.75 Additional Fee Required
ROBERTSON, DIANE E 638 VIA VERONA DEERFIELD BEACH FL 33442 Suite, Apt. 4, etc. City FL Zip Code To the provisions of sections 620 1051 and 620, 192, Florida Statutes, the above-named limited perhorship organized or registered under the laws of the State of Florida, submits the for the purpose of changing its registered diffice 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 the provisions of sections 620 102, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (No NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registered Registered Partner(s) ROBERTSON, DIANE E 638 VIA VERONA DEERFIELD BEACH FL 33 SCIPPING AGENT ACCEPTING BEACH FL 33 SCIPPING BEACH FL 34 SCIPPING BEACH FL 36 SCIPPING BEACH FL	zip Country	Zip	Country	8. Make check payable to: Dept.	
ROBERTSON, DIANE E 838 VIA VERONA DEERFIELD BEACH FL 33442 Suite, Apt. 4, etc. City FL Zip Code To the purpose of changing its registered office or registered agent, to both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of the Sign City of the Sign City of the Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Address of Each General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & Zip Code 11c. Despired DEERFIELD BEACH FL 33 BUDDOC 23 4 GB 1 G -11/13/97010083-06 ***********************************	9. Name and Address of C	Current Registered Agent		10. If changed, new Registe	red Agent/Office
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MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, Stale & Zip Code 11c. Registra Deep Field BEACH FL 33 11c. Document Partner(s) 11d. December Partner(s) 11d. December Partner(s) 11d. City, Stale & Zip Code 11d. December Partner(s) 11d	SIGNATURE (Registered Agent Accepting Appointme	ent)			
ROBERTSON, DIANE E 638 VIA VERONA DEERFIELD BEACH FL 33 FIGURE 11/13/370108B-06 *****541.25 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partners with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statules. I release the Division	A GENERAL PARTNER TH	INT IS A CORPORATION IUST BE REGISTERED A	, LIMITED P IND ACTIVE	WITH THIS OFFICE.	ER BOSINESS EN III
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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 Divisio				600002 -11/13 *****	346816-25 3/9701088025 341.25 ****/541.25
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2. 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 Divisio					
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 this annual report is true and accurate and the first signature shall be a same legal effects as if made under calls. I further certify that I am a General Partner of the limited partnership, received	Corporations from any liability of non-complian	ncewith Section 119.07(3)(k) in the event that th	ne information supplied	d is deemed exempt from public access. I ful	rther certify that the information indicated