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

1a. DOCUMENT # **A9500000016**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN -5 AM 8: 54





CONDOMANIA LTD.			1 1808 1816 1816 18111 BB111 1	1840 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 - 1844 Indiana	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
263 GOOLSBY BLVD.	263 GOOLSBY BLVD. DEERFIELD BEACH FL 33442		01/01/1995 38. Date of Last Report	\$35,000.00	
DEERFIELD BEACH FL 33442					
			01/02/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	10 dale:	
Cuito Act II ata	Suite, Apt. #, etc.		FL	35,000.0	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		65-0617035	Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	Fee Required	
			B. Make check payable to: Dept. of	State (See reverse side for fee Information)	
9. Name and Address of Current	Registered Agent		10. If changed, new Registere	d Agent/Office	
GLOVER, CHARLES 263 GOOLSBY BLVD.		Name			
		Streel Address (P.O. Box Number Is Not Acceptable)			
DEERFIELD BEACH FL 33442		Suite, Apt. #, etc.			
		City Zip Code			
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST		LIMITED P	ARTNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo		1b. City, State & Zip Code	11c. Registration/	
SOUTHERN INVESTORS MANAGEMEN	1676 W. HILLSBORO BLV		DEERFIELD BEACH FL 33	CR2E003 (6/97)	
			9000024 -01/22/ ****34	4092794 /3801104008 /8.75 ****348.75	
1					
Note: General partners MAY NOT	be changed on this form	n; an amend	dment must be filed to cha	inge a general partner.	
 1 do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chap 	Section 119.07(3)(k) In the event that the in nature shall have the same legal effects as	formation supplied i	is deemed exempt from public access. I furth-	er certify that the information indicated on	
SIGNATURE July Jun-	Tuck Gerzina Di	<u> </u>	DATE	12/30/97 154)428-1915	
Typed or Printed Name of General Pertner Supring Form	Juck Gerzina Di	rector	Daytime Telephone Number <u>(</u> 9	54)428-1915	