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

97 DEC 24 PM 1: 18

1. Name of Limited Partnership

DOCUMENT#

,	A9500000	A9500000617			
ANCH ONE LIMITED				<u> </u>	
Mailing Address	Principal Office Address	·		Registered 58. Capital County and as 7 - Hoper of the control of t	
309 EAST OSCEOLA STREET SUITE 208 STUART FL 34994	309 EAST OSCEOLA STREET SUITE 208 STUART FL 34994		04/13/1995 3a. Date of Last Report 12/06/1996	5b. Amount of Capital Contributions in Ft ORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		Applied For Not Applicable	
		7ip Country		\$8.75 Additional Fee Required	
Zip Country	ZIP			8. Make check payable to: Dept. of State (See reverse side for tee information	
9. Name and Add	ress of Current Registered Agent		10. If changed, new Registere	d AgenVOlfice	
DUNN, WILLIAM A 309 EAST OSCEOLA STREET STUART FL 34994		Namo Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc			
		City			
for the purpose of changing its regi- agent. I am familiar with, and accep- signature (Registered Agent Accepting A	R THAT IS A CORPORATION MUST BE REGISTERED A	, LIMITED PA	as authorized by its general partner(s). Ther	oby accept the appointment of registered	
Name(s) of General Partner(s)	11a. Address of Each Ger (Do NOT Use Post Office	neral Partner Box Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number	
DUNN, WILLIAM A	309 EAST OSCEOLA S	STRE	STUART FL 34994		
			300002 -01/0 *****	51514573-7 6786-00002-030 541/25 /*****541-25	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1. I do hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by chapter 63°. Florida Statutes.

SIGNATURE William le Atom, G. P.

Typed or Printed Name of General Planner Signing Form William A. Dunn, G.P.

DATE Dec 23, 1997

Daytime Telephone Number (561) 286 - 4717