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

A9500001289

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 22 AM 9: 59



SAVANNA POINTE, LTD.			0012(3 ⁰	iii 30 111 35 117 1		
Mailing Address 3501 SOUTH MAIN STREET, SUITE 1 GAINESVILLE FL 32601	Principal Office Address 3501 SOUTH MAIN STREET. SUIT GAINESVILLE FL 32601	TE 1	3. Date Formed or Registered 08/30/1995 3a. Date of Last Report 02/05/1997		5a. Capital Contributions as Shown on record. \$490,000.00 5b. Amount of Capital Contributions in FLORIDA tests.	
2. Malling Address Sulte, Apt. #, etc.	28. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formation FL 6. FEI Numbor 59-3331799	Contributions in FLOHIDA to date:		
City & State Zip Country	City & State Zip			Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee Information)		
for the purpose of changing its registered office or registored agent, or both, in the State agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION		Namo Street Address (P.O. Box Number Is Not Acceptable) Sulte, Apt. #, etc. City FL Zip Code Tammed limited partnership organized or registered under the laws of the State of Florida, submits this statement of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered to the state of Florida appointment of registered to the state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered to the state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered to the state of Florida appointment of registered to the state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered to the state of Florida.				
11. Name(s) of General Partner(s) SAVANNA POINTE, INC.	Address of Each Gener (Do NOT Use Post Office B	ral Partner lox Numbers) 11b		11c.	Registration/ Document Number	
	NOT be changed on this form			1.25	****541,25	

Note: General partners MAY NUT 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 volunterily 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 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

Fredit L. Und

... DATE 12-19-97

Typed or Printed Name of General Partner Signing Form Frederick L. Handerson, Resilant Daytime Telephone Number 352-372-3372