FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

SEYMOUR INVESTMENTS, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A95000001331**

97 DEC 24 PH 2: 42

Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
4485 HIGHWAY 17	4485 HIGHWAY 17		09/06/1995	\$1,000,000.00	
ORANGE PARK FL 32073	ORANGE PARK FL 32073		3a. Date of Last Report	\$1,000,000.00	
			12/20/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in Ft ORIDA to date:	
2. Mailing Address	28. Principal Office Address		FL	1,000,000.	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3339879	Applied For	
City & State	City & State			Not Applicable	
			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8. 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 Registered Agent/Office		
		Name			
O'DONNELL-SEYMOUR, LINDA		Streel Address (P.O. Box Number Is Not Acceptable)			
4485 HIGHWAY 17	5 HIGHWAY 17		ess (r.o. bux number is not Acceptatio)		
ORANGE PARK FL 32073		Suite, Apt. #,	Suite, Apt. #, etc.		
	City		Zip Code		
				<u>FL</u>	
10a. Pursuant to 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, submits this statement for the purpose of changing its registered office 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 registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment)			DATE		
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of Gonoral Partner(s)	Address of Fach General (Do NOT Use Post Office Bo	1 Partner x Numbors)	11b. City, State & Zip Code	11c. Registration/ Document Number	
O'DONNELL-SEYMOUR, LINDA 4485 HIGHWAY 17		į	ORANGE PARK FL 32073		
			40002 -01/0 *****	9929044 778801041022 341.25 ****541.25	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 calls. I further certify that I am a General Partner of the limited partnership, receiver or trusted ampowered to execute this report as a good to be contained by chapter 620. Florida Statutes.

LINDA