

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR -2 PM 4:15



**1.** Name of Limited Partnership

**1a.** DOCUMENT #  
**A95000001423**

**OPTION INCOME FUND, LIMITED PARTNERSHIP**

<b>Mailing Address</b> 601 HAWTHORNE TRAIL LAKELAND FL 33803	<b>Principal Office Address</b> 601 HAWTHORNE TRAIL LAKELAND FL 33803
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3.</b> Date Formed or Registered 09/25/1995	<b>5a.</b> Capital Contributions as Shown on record.  \$150,000.00
<b>3a.</b> Date of Last Report 01/06/1997	
<b>4.</b> State or Country of Formation FL	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date. 140,000
<b>6.</b> FEI Number 59-3330284	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7.</b> Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

**9. Name and Address of Current Registered Agent**

TURNER, JOHN A  
601 HAWTHORNE TRAIL  
LAKELAND FL 33803

**10. If changed, new Registered Agent/Office**

Name: 300002452983-- 3  
Street Address (P.O. Box Number Is Not Accepted): 603/10/98-- 01094--012  
Suite, Apt. #, etc.: \*\*\*526.25 \*\*\*526.25  
City: FL Zip Code

**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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/ Document Number
TURNER, JOHN A	601 HAWTHORNE TRAIL	LAKELAND FL 33803	<b>KWM</b>

**Note: General partners MAY NOT 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 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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: *John A Turner* 2-5-98  
Typed or Printed Name of General Partner Signing Form: JOHN A. TURNER Daytime Telephone Number: (941) 686-9231

CR2E003 (6/97)