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



SIGNATURE >

Typed or Printed Name of General Partner Signing Form

empowered to execute this report as required by chapter 620, Florida Statutes.

PARK PARK

Daylimo Telephone Number (501) 770 -0042



| 1998 | Secreta | B. Mortham ary of State CORPORATIONS | 97 DEC 23 GECKETARY TALLAHASSE | | |
|--|---|---|---|--|--|
| 1. Name of Limited Partnership | ¹⁸ . DOCUM | MENT # 1547 | | | |
| ANDING PARTNERS OF SA | AN ANTONIO, LTD. | | 3. Date Formed or Registered | Jf 1/3 | |
| failing Address | Principal Office Address | Principal Office Address | | 5a. Capital Contributions as / Shown on record. | |
| 355 S.W. 9TH STREET | 7355 S.W. 9TH STREET VERO BEACH FL 32968 | | 10/13/1995 | \$2,300,000.00 | |
| TERO BEACH FL 92968 | | | 3a. Date of Last Report 01/22/1997 | 5b. Amount of Capital Contributions in FLORIDA | |
| 2. Malling Address | 28. Principal Office Address | 26. Principal Office Address | | to date: | |
| Sulte, Apt. #, etc. Dity & State | Suite, Apt. #, etc. | Suite, Apt. #, etc. City & State | | Applied For Not Applicable | |
| | | Court | 7. Certificate of Status Desired | \$8.75 Additional Feo Required | |
| Zip Country | Zip | Country | 8. Make check payable to: Dept. of | State (See reverse side for fee Inform | |
| 9. Name and Address of Cui | rrent Registered Agent | | 10. If changed, new Registere | d Agent/Office | |
| GORDON, WILLIAM J C/O RIVER ASSET MANAGEMENT COMPANY, INC. 7355 SW 9TH ST. VERO BEACH FL 32968 | | Namo Street Address (P.O. Box Number Is Not Acceptable) | | | |
| | | Suite, Apt. #, etc. City FL Zip Code | | | |
| 10- 0 | | | | | |
| for the purpose of changing its registered offic agent. I am familiar with, and accept the obligation of the change of the chang | ations of section 620.192, Florida Statutes 1) . AT IS A CORPORATION. | Florida. Such change was | s authorized by its general partner(s). I here DATE RTNERSHIP OR OTHE | ne State of Florida, submits this staten eby accept the appointment of registe | |
| for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c | ations of section 620.192, Florida State of Fations of section 620.192, Florida Statutes AT IS A CORPORATION, JST BE REGISTERED AI Address of Each Gone | LIMITED PAI ND ACTIVE W | DATE RTNERSHIP OR OTHE VITH THIS OFFICE. | ne State of Florida, submits this statemeby accept the appointment of register | |
| for the purpose of changing its registered offic agent. I am familiar with, and accept the obligation of the control of the co | to or registered agent, or both, in the State of Fations of section 620.192, Florida Statutes AT IS A CORPORATION, JST BE REGISTERED AI | LIMITED PAI ND ACTIVE V oral Partner Box Numbers) | DATE RTNERSHIP OR OTHE VITH THIS OFFICE. City, State & Zip Code /ERO BEACH FL 32968 | ne State of Florida, submits this statemely accept the appointment of register R BUSINESS ENTIT 11c. Registration/Document Number P95000078836 | |
| for the purpose of changing its registered offic agent. I am familiar with, and accept the obligs SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAM MU 1. Name(s) of General Partner(s) | AT IS A CORPORATION, JST BE REGISTERED AI Address of Each Gone Address of Each Gone (Do NOT Use Post Office | LIMITED PAI ND ACTIVE V oral Partner Box Numbers) | DATE RTNERSHIP OR OTHE VITH THIS OFFICE. City, State & Zip Code /ERO BEACH FL 32968 | ne State of Florida, submits this statement by accept the appointment of register R BUSINESS ENTIT 11c. Registration/Document Number | |

William J. Gordon