


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 98 FEB 17 AM 10:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership THE TALLS OF PLANTATION ACRES, LTD.		1a. DOCUMENT # A96000001590			
Mailing Address P.O. Box 770610 Coral Springs, FL 33077		Principal Office Address 9709 W Sample Rd Coral Springs, FL 33065		3. Date Formed or Registered 10/1/95 3a. Date of Last Report Sept. 8, 1997 4. State or Country of Formation FLORIDA 5a. Capital Contributions as Shown on record. \$396 5b. Amount of Capital Contributions in FLORIDA to date: \$396	
2. Mailing Address P.O. Box 770610 Suite, Apt. #, etc.		2a. Principal Office Address 9709 W. Sample Road Suite, Apt. #, etc.		6. FEI Number 65-0593950 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State CORAL SPRINGS, FL Zip 33077 Country USA		City & State CORAL SPRINGS, FL Zip 33065 Country USA		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent BRUCE S. BUTLER 9709 W. Sample Road Coral Springs, FL 33065			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 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.					
11. Name(s) of General Partner(s) BRUCE S. BUTLER EXECUTIVE DEVELOPMENTS GROUP, INC. 5280		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9709 W. Sample Rd 5030 NW 109 Ave 8875		11b. City, State & Zip Code CORAL SPRINGS, FL SUWANEE, GA 33351 500002435615-1 -02/19/98-01093-009 ****141.25 ****141.25	
11c. Registration/Document Number L31034		1120/98			
Not: 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 _____ DATE _____					
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____					

CR2E003 (6/97)