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

DOCUMENT#

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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2. Malling Address 2. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & St	5257 FOUNTAINS DRIVE SOUTH, APT. 304	FOUNTAINS DRIVE SOUTH, APT. 304 5257 FOUNTAINS DRIVE SOUTH, APT. 304		01/08/1996 3a. Date of Last Report	\$600,000.00
Suite, Apt. #, etc. City & State To Country A Country To Cou	2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date:
City & State City & State City & State City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-Ua	st 202
Sum Country Sum	City & State	City & State		APPLIED FOR	Not Applicable \$8.75 Additional
Street Address (P.O. Box Number is Not Acceptable)	Zip Country	Zip Country		8. Make check payable to: Dept	Feo Required
10a. Pursuant to the provisions of sections 620 1051 and 620.192. Ficilide Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of 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) 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) 11a. (Do NOT Use Post Office Box Numbers) 20RN, EDWARD S 20RN, ROSETTA S 5257 FOUNTAINS DRIVE LAKE WORTH FL 33467 40000231011445 -107/02/97701081016 ******541.25 Note: General partners MAY NOT be changed on this form; an amendment must be filled 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 oxemption stated in Section 119 07(3)(x). Florida Statutes I release the Division of Corporations from any lability of non-complance with Sociotion 119 07(3)(x) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this ennual report is true and accurate and thin my signature shall now the same logal effects as if made under coath. I further certify that it is limited partnership, receiver or trustee empowered to associate this general partnership, receiver or trustee empowered to associate this report as required by chapter 60-flored Statutes.	ZORN, EDWARD S 5257 FOUNTAINS DRIVE SOUTH, APT. 304		Name Street Address (P.O. Box Numbor Is Not Acceptable)		
11. Name(s) of General Partner(s) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registration/ Document Number 20RN, EDWARD S 20RN, ROSETTA S 5257 FOUNTAINS DRIVE LAKE WORTH FL 33467 LAKE WORTH FL 33467 LAKE WORTH FL 33467 LAKE WORTH FL 33467 400002977-01081-016 *****541.25 *****541.25 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Ide hereby certify that the information supplied with this lifing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes release the Division of this amount roop and the roop of this amount roop is true and accurate and this roop and the true and accurate and this true information supplied is deemed exempt from public access. If unther certify that the immendation indicated on this amount roop is true and accurate and that my signature shall have the same logal effects as if made under call. I further certify that I am a General Partner of the limited partnership, receiver or rustice empowered to execute this report as required by chapter 620. Florida Statutes	SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA	T IS A CORPORATION	LIMITED	PARTNERSHIP OR OTH	
ZORN, ROSETTA S 5257 FOUNTAINS DRIVE LAKE WORTH FL 33467 LAKE WORTH F		4.11		T	
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Corporations from any hability 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	Note: General partners MAY N	OT be changed on this fo	rm; an am	endment must be filed to c	hange a general partner.
SIGNATURE X DATE / 721/97	Corporations from any liability of non-compliance this annual report is true and accurate and that no ampowered to execute this report as required by	with Soction 119.07(3)(k) in the event that the y signature shall have the same legal effects chapter 620, Florida Statutes	e information supp as if made under	plied is deemed exempt from public access. I for coath, I further certify that I am a General Partne	urther certify that the information Indicated on ir of the limited partnership, receiver or trustee
	SIGNATURE X	Educal & Par		DATE _	1742/47