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 Pertnership

DOCUMENT # A9600000170

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 13 AM ID: 13



MMLW, LTD.			1 10 10 10 10 10 10 10	98111 98111 88111 88111 88131 11811 11811 11811 1881 1
Mailing Address C/O BROCK MAGRUDER, SR.	Principal Office Address C/O BROCK MAGRUDER, SR. 116 W. STURTEVENT STREET ORLANDO FL 32806		3. Date Formed or Hegistered 01/25/1996	5a. Capita' Contributions as Shown on record.
116 W. STURTEVENT STREET ORLANDO FL 32806			3a. Date of Last Report 10/18/1996 4. State or Country of Formation	\$990.00 5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 911 NORTH MILK AVE Suite, Apt. #, etc. City & State	2a. Principal Office Address /// WIRTH Suite, Apt. #, etc. City & State		FL 6. FET Number 59-3361129	Applied For Not Applicable
ORLANDO, FLA Zip 3280 3	City & State ORLANDO,	FLORIDA Country	7. Certificate of Status Desired 8. Make check payable to: Dept. o	\$8.75 Additional Foo Required I State (See reverse side for fee Information)
9. Name and Address of Current Registered Agent			10. If changed, new Registored Agent/Office	
MAGRUDER, G. BROCK SR. MAGRUDER EYE INSTITUTE, INC. 116 W. STURTEVANT STREET ORLANDO FL 32806		Name 6. BROCK MAGRUDER SR Street Address (F.O. Box Number Is Not Acceptable) Suite, Apt. #, etc Cty ORLANDO FL Zip 324 803		
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or nagent. I am familiar with and accept the obligations. SIGNATURE (Registered Agont Accepting Appointment)	egistered agent, or both, in the State of Flo	rida. Such chango was a	panized or registered under the laws of t uthorized by its general partner(s). The Multi- DATE	the State of Florida, submits this statement reby accept the appointment of registered
A GENERAL PARTNER THAT I MUST	S A CORPORATION, Ì BE REGISTERED AN	LIMITED PAR D ACTIVE WI	TNERSHIP OR OTHE ITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NO) Uso Post Office 80	al Partner	Cilly, State & Zip Code	11c. Registration/ Document Number
MMLW PROPERTIES, INC. 116 W. STURTEVANT ST. 1911 NORT N mil		TI's AVE OF	RLANDO FL -02808 32802	P96000004320
1			400002 -11/18 ****1	797 V778 - 049 58.25 V **** (56325
Note: General partners MAY NOT	be changed on this forn	n; an amendme	ent must be filed to ch	ange a general partner.

12. I do horeby 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 Trelease 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 accorate and that my signature shall have the same logal effects as if made under eath. Horther certify that I am a General Partner of the limited partnership, receiver or trusture empowered to execute this report as required by chapter 620, Florida Statutes SIGNATURE Alback Mayneth, Provident MMLW, Mc DAL. 11/10/97

Typed or Printed Name of General Partner Signing Form. 6. BROCK MAGRILDER, SR Dayline Telephone Number. 407 - 423 - 2528