
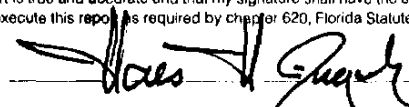


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # <b>A96000000298</b>	
ANGERMUELLER FAMILY LIMITED PARTNERSHIP			
Mailing Address <b>C/O HANS ANGERMUELLER // OCEAN RIDGE MGMT. 6849 NORTH OCEAN BLVD. OCEAN RIDGE FL 33435</b>		Principal Office Address <b>C/O HANS ANGERMUELLER // OCEAN RIDGE MGMT. 6849 NORTH OCEAN BLVD. OCEAN RIDGE FL 33435</b>	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered <b>02/13/1996</b>		5a. Capital Contributions as Shown on record. <b>\$1,439,953.00</b>	
3a. Date of Last Report <b>01/29/1997</b>		5b. Amount of Capital Contributions in FLORIDA to date. <b>1,439,953.00</b>	
4. State or Country of Formation <b>FL</b>		6. FEI Number <b>65-0645376</b> <b>APPLIED FOR</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> 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 <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>			
10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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 _____			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ANGERMUELLER, HANS	6849 NORTH OCEAN RIDG	OCEAN RIDGE FL 33435	N/A
ANGERMUELLER, KATHERINE	6849 NORTH OCEAN RIDG	OCEAN RIDGE FL 33435	N/A
000002412410--9 -01/27/98--01005--015 ***550.00 ***550.00			
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 		DATE <b>12/23/97</b>	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number	

CR2E003 (6/97)