


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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 JAN 22 PM 1:40</p>	
1. Name of Limited Partnership RIHEJUNE, LTD.		1a. DOCUMENT # A96000000504			
Mailing Address 1534 MASTERPIECE RD LAKE WALES FL 33853		Principal Office Address 1534 MASTERPIECE RD LAKE WALES FL 33853		3. Date Formed or Registered 03/14/1996	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/17/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3351614	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		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 SAXON, RICHARD E 1534 MASTERPIECE RD LAKE WALES FL 33853		10. If changed, new Registered Agent/Office Name 100002415301--6 Street Address (P.O. Box Number Is Not Acceptable) 01/28/98--01114--001 Suite, Apt. #, etc. *****88.75 *****88.75 City FL	
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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) SAXON, RICHARD E	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 821 OLEANDER DRIVE	11b. City, State & Zip Code WINTER HAVEN FL 33880	11c. Registration/Document Number 100002415301--6 -01/28/98--01114--002 ****437.50 ****437.50
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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 _____

Typed or Printed Name of General Partner Signing Form _____

RICHARD E. SAXON

Daytime Telephone Number _____

12-28-97
407 846 4021

CR2E003 (6/97)