



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

| LIMITED PARTNERSHIP<br>ANNUAL REPORT<br>1998   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIONS<br>97 DEC 31 PM 2: 53<br>  |  |
|--|--|---|--|---|--|
| 1. Name of Limited Partnership<br><b>BETTER HEALTH PARTNERS, LTD.</b>  |  | 1a. DOCUMENT #<br><b>A96000000904</b>   |  |   |  |
| Mailing Address<br><b>200 FIRST AVENUE NORTH, SUITE 206<br/>ST. PETERSBURG FL 33701</b>  |  | Principal Office Address<br><b>200 FIRST AVENUE NORTH, SUITE 206<br/>ST. PETERSBURG FL 33701</b>  |  | 3. Date Formed or Registered<br><b>05/14/1996</b>   |  |
| 2. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  | 2a. Principal Office Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |  | 3a. Date of Last Report<br><b>12/26/1996</b>  |  |
|  |  |   |  | 4. State or Country of Formation<br><b>FL</b>   |  |
|  |  |   |  | 5a. Capital Contributions as Shown on record<br><b>\$1,000,000.00</b>   |  |
|  |  |   |  | 5b. Amount of Capital Contributions in FLORIDA to date:<br><b>11,536,667</b>  |  |
|  |  |   |  | 6. FEI Number<br><b>59-3376664</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
|  |  |   |  | 7. Certificate of Status Desired<br><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<br><b>IGLESIAS, LISA G<br/>515 EAST LAS OLAS BLVD., SUITE 1500<br/>FT. LAUDERDALE FL 33301</b>   |  |   |  | 10. If changed, new Registered Agent/Office<br><b>400002390834-2<br/>-01/06/98--01045--001<br/>***541.25 ***541.25</b><br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br><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<br/>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  |  |   |  |   |  |
| <b>MIGO NOCHE CORPORATION</b>  |  | <b>200 FIRST AVENUE NORT</b>  |  | <b>ST. PETERSBURG FL 337</b>  |  |
| <b>CARDINAL ASSOCIATES, INC. ✓</b>   |  | <b>8920 POTOMAC FOREST D</b>  |  | <b>GREAT FALLS VA 22066</b>   |  |
| <b>XEDNAH CORP.</b>  |  | <b>96 BUENA VISTA AVENUE</b>  |  | <b>RUMSON NJ 07760</b>  |  |
| <b>P96000041080</b>  |  |   |  |   |  |
| <b>P96000040186</b>  |  |   |  |   |  |
| <b>P96000040152</b>  |  |   |  |   |  |
| <b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>   |  |   |  |   |  |
| 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 <i>X Jeffrey Orberg</i><br>Typed or Printed Name of General Partner Submitting Form <b>Migo Noche Corporation</b>  |  |   |  | DATE <b>12/16/97</b><br>Daytime Telephone Number <b>(813) 898-9300</b>  |  |

CR2E03 (6/97)