



**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR - 8 AM 9:33	
1. Name of Limited Partnership ACREE ENTERPRISES, LTD.		1a. DOCUMENT # A96000001189					
Mailing Address PO BOX 166 DELAND FL 32721-0166		Principal Office Address 1025 N. WOODLAND BLVD. DELAND FL 32721					
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country					
3. Date Formed or Registered 06/25/1996		5a. Capital Contributions as Shown on record. \$7,000.00					
3a. Date of Last Report 04/07/1997		5b. Amount of Capital Contributions in FLORIDA to date:		6. FEI Number 59-3389490 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>		7. Certificate of Status Desired <div style="float: right;"> <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
4. State or Country of Formation FL		8. Make check payable to: Dept. of State (See reverse side for fee information)					
9. Name and Address of Current Registered Agent ACREE, W M III 1025 N. WOODLAND BLVD. DELAND FL 32721		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____

**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. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ACREE CONSOLIDATED ENTERPRIS	1025 N. WOODLAND BLVD	DELAND FL 32721	J38456
200002487412--3 -04/14/98--01010--017 *****141.25 *****141.25			

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

Daytime Telephone Number

CR2E003 (12/97)