

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

98 APR 27 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership PLATT PROPERTIES, LTD.		1a. DOCUMENT # A96000001450 98-AR 77	
Mailing Address 2090 MEADOWLANE AVENUE WEST MELBOURNE FL 32904		Principal Office Address 2090 MEADOWLANE AVENUE WEST MELBOURNE FL 32904	
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 08/05/1996		5a. Capital Contributions as Shown on record. \$900.00	
3a. Date of Last Report 11/01/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 59-3401323 -APPLIED FOR <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
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 MORTON, PETER 2090 MEADOWLANE AVENUE WEST MELBOURNE FL 32904		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 4000002511444--4 Suite, Apt. #, etc. -05/05/98--01107--011 City ***14.25 ***14.25 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) PLATT, FRANK L	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2090 MEADOWLANE AVENUE	11b. City, State & Zip Code WEST MELBOURNE FL 329	11c. Registration/Document Number
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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 _____

Peter J. Morton, Personal Representative of the Estate of Frank L. Platt

Typed or Printed Name of General Partner Signing Form

Printed Telephone Number (407) 724-0140

CR2E003 (12/97)