


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

FILED

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS</b>	
<b>1. Name of Limited Partnership</b>  VISTA ROSE PARTNERS, LTD.		<b>1a. DOCUMENT #</b> <b>A96000001644</b>	
<b>Mailing Address</b> 810 S.W. 80TH STREET Ocala FL 34474		<b>Principal Office Address</b> 810 S.W. 80TH STREET Ocala FL 34474	
<b>2. Mailing Address</b> 2 Grove Isle Drive Suite, Apt. #, etc. 1208 City & State Miami, FL Zip 33133 Country USA		<b>2a. Principal Office Address</b> 2 Grove Isle Drive Suite, Apt. #, etc. 1208 City & State Miami, FL Zip 33133 Country USA	
<b>3. Date Formed or Registered</b> 08/30/1996		<b>5a. Capital Contributions as Shown on record.</b> \$25,000.00	
<b>3a. Date of Last Report</b> 06/02/1997		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
<b>4. State or Country of Formation</b> FL		<b>6. FEI Number</b> 59-3376728 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	



<b>9. Name and Address of Current Registered Agent</b> SCHMIDT, J M VISTA ROSE PARTNERS, LTD. 810 S.W. 80TH STREET Ocala FL 34474		<b>10. If changed, new Registered Agent Office</b> Name J. M. SCHMIDT Street Address (P.O. Box Number Is Not Acceptable) 2 Grove Isle Drive Suite, Apt. #, etc. 1208 City Miami Zip Code FL 33133	
<b>10a.</b> 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) <i>J. M. Schmidt</i> DATE 3/25/98			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>11. Name(s) of General Partner(s)</b> AGRI-VEST INTERNATIONAL, INC	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 810 S.W. 80TH STREET 2 Grove Isle Drive Suite 1208	<b>11b. City, State &amp; Zip Code</b> Ocala FL 34474 Miami 33133	<b>11c. Registration/Document Number</b> P96000010741
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CR2E003 (12/97)

**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 *J. M. Schmidt* DATE 3/25/98  
Typed or Printed Name of General Partner Signing Form J. M. SCHMIDT Daytime Telephone Number 305-858-8260