

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 10 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12/11

1. Name of Limited Partnership
1a. DOCUMENT #
A96000001761

THE THEISEN FAMILY LIMITED PARTNERSHIP

Mailing Address P.O. BOX 528 LOXAHATCHEE FL 33470		Principal Office Address 7660 HOOPER RD. WEST PALM BEACH FL 33411		3. Date Formed or Registered 09/23/1996	5a. Capital Contributions as Shown on record. \$1.00
				3a. Date of Last Report 12/16/1996	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0701365 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State			
Zip Country		Zip 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 JAYNES, DAVID A 222 PICCADILLY STREET, STE. 100 WEST PALM BEACH FL 33407	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) THEISEN, WAYNE THEISEN, GERRY L	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7660 HOOPER RD. 7660 HOOPER RD.	11b. City, State & Zip Code WEST PALM BEACH FL 33 WEST PALM BEACH FL 33	11c. Registration/ Document Number 100002373451--9 -12/16/97--01067--017 ***156.25 ***156.25
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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 _____

M. WAYNE THEISEN

Daytime Telephone Number _____

12-05-97
(86) 793-4450

CR2E003 (6/97)