FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1999		DIVISION OF CORPO		(10.05, 0)	CURPORATIONS
1. Name of Limited Partnership	1a. A9	1a. DOCUMENT # A9600001957		98 DEC 22	PH 3: 24
FOUNDATION MORTGAGE FUND I, LTD.				11111111111111111111111111111111111111	
Mailing Address 204 CLOVERDALE BLVD. FT. WALTON BEACH FL 32547	204 CLOVI	fice Address ERDALE BLVD. ON BEACH FL 32547		3. Days Formed or Registered 10/21/1996 3a. Date of Last Report 01/14/1998	5a. Capital Contributions as Shown on record. \$2,500,000.00
Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formation FL 6. FEI Number	5b. Amount of Capital Contributions in FLORIDA to date: \$300,000.00
City & State		City & State		59-3406088 7. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
Zip Country	Zip	Count	гy	8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)
9. Name and Add	ress of Current Registered Ager			10. If chariged, new Registered	Agent/Office
BURKETT, JEROME W SR. 204 CLOVERDALE BLVD. FT. WALTON BEACH FL 32547	Stre	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
		City		-U1/13 ****5	/9901027013
 Pursuant to the provisions of section for the purpose of changing its register. I am familiar with, and acceptant. 	stered office or registered agent, o	r both, in the State of Fiorida. Suci	d partnership orger h change was auth	nized or registered under the laws of the orized by its general partner(s). I hereby	State of Florida, submits this statement y accept the appointment of registered
SIGNATURE (Registered Agent Accepting A	opointment)			DATE	
A GENERAL PARTNE	R THAT IS A COR MUST BE REC	RPORATION, LIMI SISTERED AND A	TED PART	NERSHIP OR OTHE TH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. _{_©}	Address of Each General Partne to NOT Use Post Office Box Numb	er 11b.	City, State & Zip Code	11c. Registration/ Document Number
FOUNDATION INVESTMENTS 204 CLOVERDALE BLVD.			FT. WALTON BEACH FL 3 GP9600000634		

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 red to execute this report as required by chapter 620, Florida State

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Jerome W. Burkett, Sr.

DATE 12/17/98

(850) 863-3142