



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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 97 OCT 16 PM 2:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
1. Name of Limited Partnership BREAKER SPOT, LTD.		1a. DOCUMENT # A96000002146			
Mailing Address TWO NORTH TAMiami TRAIL, SUITE 312 SARASOTA FL 34236		Principal Office Address TWO NORTH TAMiami TRAIL, SUITE 312 SARASOTA FL 34236		3. Date Formed or Registered 11/22/1996 3a. Date of Last Report 12/13/1996 4. State or Country of Formation FL	
2. Mailing Address 635 S. ORANGE AVE. Suite, Apt. #, etc. 10 City & State SARASOTA FL Zip Country 34236 USA		2a. Principal Office Address 635 S. ORANGE AVE. Suite, Apt. #, etc. 10 City & State SARASOTA FL Zip Country 34236 USA		5a. Capital Contributions as Shown on record \$950.00 5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 65-0711229 <input type="checkbox"/> Applied For APPLIED FOR <input 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 PATTERSON, JOHN 48 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA FL 34236				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) STONE BREAKER, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) TWO NORTH TAMiami TRAIL 635 S. ORANGE AVE.		11b. City, State & Zip Code SARASOTA FL 34236	
				11c. Registration/Document Number P96000088141 100002325081-3 -10/20/97-01178-012 ****156.25 ****156.25	

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

Linda Gedhard

DATE

10/13/97

Typed or Printed Name of General Partner Signing Form

LINDA GEDHARD

Daytime Telephone Number

941/3649609

CR2E003 (6/97)