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

VILIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE -

Typed or Printed Name of General Partner Signing Form

DOCUMENT#

FILED 97 SEP 18 PM 12: 46 SCOKETARY OF STATE TALLAHASSEE, FLORIDA



DATE 09/12/97

(407) 366-9668

VHITEMARK AT FOX GLEN, L'	EMARK AT FOX GLEN, LTD.						
Malling Address	Principal Office Address		3. Date Formed	or Registered	5a. Capital Contributions as Shown on record.		
257 PLAZA DRIVE, UNIT D	257 PLAZA DRIVE. UNIT D OVIEDO FL 32765		12/12/19	12/12/1996			
OVIEDO FL 32765				3a. Date of Last Report		\$1,000.00	
			03/03/19	03/03/1997 5b. Amount of Contribut		Capital	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation		\$1,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	6. FEI Number			
City & State	City & State		59-34136	i40	Applied For Not Applicable		
7in Couple	7.0	Country		7. Certificate of Status Desired \$8.75 Addition Fee Required		\$8.75 Additional Fee Required	
Zip Country	Zip Country 8. Make check payable to: Dept. of State (St						
9. Name and Address of Current	Registered Agent		10. If chang	ged, new Registered	d Agent/Office		
CLARK, SCOTT D 369 N. NEW YORK AVE., SUITE 300 WINTER PARK FL 32789		Name					
		Streel Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt. #, etc. 3000023005439					
		city -09/23/97-0191856 ****156, FL ****			1&a-013-		
100 0 000 100 100 100 100 100 100 100 1	COO TOO Floride Court to the observer	d limite d moule					
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations	egistered agent, or both, in the State of Flor						
SIGNATURE (Registered Agent Accepting Appointment)				DATE			
A GENERAL PARTNER THAT MUST	BE REGISTERED AN	D ACTIV	PARTNERSHIP 'E WITH THIS O	OR OTHE	R BUSINE		
11. Name(s) of General Partner(s)	Address of Each Genera (Do NOT Use Past Office Bo	l Partner x Numbers)	11b. City, State &	Zip Code	11c. _D	Registration/ ocument Number	
FOX GLEN MANAGEMENT CORPORAT	257 PLAZA DRIVE, UNIT	ם	OVIEDO FL 32765		P9600	0100398	
Note: General partners MAY NOT 12. I do hereby certify that the information supplied with it Corporations from any liability of non-compliance with this annual report is true and according and that my significant in the supplied with the supplie	nis filing is voluntarily furnished and does no Section 119 07(3)(k) to the event that the in	ol qualify for the	exemption stated in Section 1 lied is deemed exempt from p	19.07(3)(k), Florida ublic access. I furth	Statutes. I release er certify that the in	the Division of formation indicated on	

Kenneth Lawrence White, President
Fox Glen Management Corporation Daytime Telephone Number