

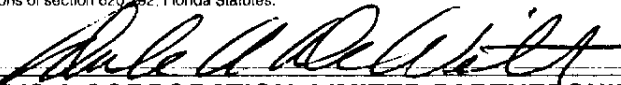
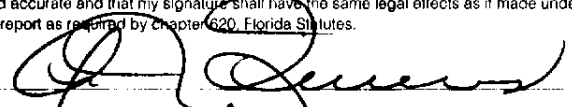


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN 26 AM 9:11 Hc 1129	
1. Name of Limited Partnership DALE A. DEWITT FAMILY PARTNERSHIP, LTD.		1a. DOCUMENT # A96000002524			
Mailing Address C/O ANN L. SEVERNS G-4376 BEECHER RD. FLINT MI 48532		Principal Office Address 14463 W. COLONIAL DR. WINTER GARDEN FL 34787		3. Date Formed or Registered 12/31/1996	
2. Mailing Address Same		2a. Principal Office Address Same		3a. Date of Last Report 01/03/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		5a. Capital Contributions as Shown on record. \$854,060.00	
Zip		Zip		5b. Amount of Capital Contributions in FLORIDA to date: \$854,060.00	
Country		Country		6. FEI Number 59-3435240 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired X \$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 DUNEGAN, STEPHEN D ESQUIRE DEAN, MEAD, EGERTON, BLOODWORTH, ETAL 800 NORTH MAGNOLIA AVE., STE. 1500 ORLANDO FL 32803				10. If changed, new Registered Agent/Office Name Dale A. DeWitt Street Address (P.O. Box Number Is Not Acceptable) 14463 W Colonial Dr Suite, Apt. #, etc. City Winter Garden FL 34787	
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 1-25-98					
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) DEWITT, DALE A SEVERNS, ANN L		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 14463 W. COLONIAL DR. G-4376 BEECHER RD.		11b. City, State & Zip Code WINTER GARDEN FL 34787 FLINT MI 48532	
				11c. Registration/Document Number 300002425623--9 -02/09/98--01142--023 ****541.25 ****541.25	
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  DATE 12-20-97					
Typed or Printed Name of General Partner Signing Form ANN L SEVERNS Daytime Telephone Number 810 732 1440					

CR2EC03 (6/97)