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

1. Name of Limited Partnership

1a. DOCUMENT # **A97000000057**

GOLDSMITH, AGIO, HELMS & LYNNER, LTD.

SECRETARY OF STATE DIVISION OF CORPORATION

98 JAN -6 PM 3: 19



Mailing Address FIRST BANK PLACE	Principal Office Address FIRST BANK PLACE 601 SECOND AVENUE SOUTH, 46TH FLOOR MINNEAPOLIS MN 55402 2a. Principal Office Address Suite, Apt. #, etc. City & State		3. Date Formed or Registered 01/06/1997	5a. Capital Contributions as Shown on record. \$2,202,750.00 5b. Amount of Capital Contributions in FLORIDA to date:	
601 SECOND AVENUE SOUTH, 48TH FLOOR MINNEAPOLIS MIN 55402			38. Date of Last Report		
2. Mailing Address			4. State or Country of Formation FL COUTER		
Suite, Apt. #, etc. City & State			6. FEI Number 41 - 1885	6. FEI Number 41 - 1885 4/1 Applied For Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee Informat	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name Streel Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		City		FL Zip Code	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	ns of section 620.192, Florida Statutes. IS A CORPORATION	, LIMITED	DATI	E	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	15 4 5	11b. City, State & Zip Code	11c. Registration/	
GOLDSMITH, AGIO, HELMS & COM	601 SECOND AVENUE		MINNEAPOLIS MN 55402	F93000002238	
			200002 -01/23 *****5	4 107623 79801112022 41 25 ****541.25	
	E01 CE. 167	76	doo		
Note: General partners MAY NOT			undment must be filed to ch	engo a general nertner	
ROGE GENERAL DELIGERS MAT NO	i na mianikan mi mis in	riii, aii aiile	municial must be med to co	ianyo a yondfai parifief.	

To be related pertify that the information supplied with this little is voluntarily furnished and does not quality for the exemption stated in Section 119.07(5)(K), Florida Statutes 1 Fereigns the Juvision 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 eath. 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 COUNTY TO CO HACKS AND CO SNC.

Typed or Printed Name of General Partner Signing Form KENTON E. NOVOTING

DATE 12.31.97

____ Daylime Telephone Number _____

R 941.263.1199