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

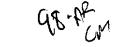
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A97000000000**

SABAL OFFICE CENTER, LTD.



FILED

98 JAN 30 AM 10: 14

GEORETARY OF STATE
TALLAHASSEE, FLORIDA



Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
-3916 FIISA BLVD. TAMPA FL 33619	18919 THGA BLVD. TAMPA FL 33619		01/07/1997 38. Date of Last Report	\$118,000.00
2. Mailing Address 3915 Riga Boulevard	2a. Principal Office Address 3915 Riga Boulevard		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
Sulte, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 59 - 341704	Applied For Not Applicable
Zip Country	Zip Country		7. Certificate of Status Desired 8. Make check payable to: Dept. of S	\$8.75 Additional Fee Regulred State (See reverse side for fee Information)
9, Name and Address of Current Registered Agent 10, If changed, new Registered Agent/Office Name				Agent/Office
STOWELL, DAVID A **R18-DIRA FLAR** 3915 RIGA BLVD TAMPA FL 33819		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 DATE				
MUST	BE REGISTERED AND	ACTIVE WI	TH THIS OFFICE.	Daviston's and
11. Name(s) of General Partner(s) KEENAN,HOPINS,SCHMIDT &STOWE	11a. (Do NOT Use Post Office Box N 3915 X3915 RIGA BLVD.	lumbers) 11D.	City, State & Zip Code	11c. Pocument Number S91471 CECOS (26)
			1000024 -02/04/ ****54	4216516 /9801096010 11.25 ****541.25
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
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) by 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 accounts and that my signature shall have too 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 520, Florida (apriles).				
SIGNATURE DATE Typed or Printed Name of General Partner Signing Form Daytime Telephone Number				