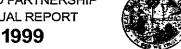
## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT#

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 15 PM 3: 02

	A97000000107						
PAYBACK LIMITED PARTNERSHIP							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capit	al Contributions as	
725 NORTH A1A. SUITE <del>G-211*</del> JUPITER FL 33477	725 NORTH A1A. SUITE G <del>-211</del> JUPITER FL 33477			01/08/1997 3a. Date of Last Report	\$1,700,000.00		
				03/06/1998  4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address			FL	125,000		
Suite, Apt. #, etc. <i>A-106</i> City & State	Suite, Apt. #, etc. A - 106 City & State			6. FEI Number 65-0715670	Applied For Not Applicable		
				7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip (	Country	-	8. Make check payable to: Dept. of S	itate (See reve	Fee Required rise side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
DUERSTEN, ROBERT 725 NORTH A1A, SUITE C-211 JUPITER FL 33477			Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.				
10a. Pursuant to the provisions of sections 620,1051 and 620 for the purpose of changing its registered office or regist agent. I am familiar with, and accept the obligations of significant sections (Registered Agent Accepting Appointment)	tered agent, or both, in the State of Florid:	City I limited partners a. Such change	ship organiz was author	ted or registered under the laws of the rized by its general partner(s). I hereby	FL State of Florid accept the ap	Zip Code  a, submits this statement pointment of registered	
A GENERAL PARTNER THAT IS	A CORPORATION, L				R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
PUNCHES, DENNIS	725 NORTH A1A, SUITE		JUPITER FL 33477-\				
				0000021 -12/22/ ****52	′98D1	300 1 933025 ****526.25	
Note: General partners MAY NOT be	a changed on this form	· an amo	ndman	it must be filed to she	nga a gr	noral nartner	

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 shell 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 \$20, Florida Statutes.

Typed or Printed Name of General Partner Signing Form

SIGNATURE

Daytime Telephone Number