

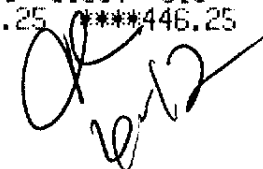


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 915 SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JUN 12 PM 2:48 	
1. Name of Limited Partnership WATER OAKS OF LAKELAND, LTD.		1a. DOCUMENT # A97000000121			
Mailing Address 5950 IMPERIAL LAKES BLVD. MULBERRY FL 33880		Principal Office Address 5950 IMPERIAL LAKES BLVD. MULBERRY FL 33880		3. Date Formed or Registered 01/10/1997 3a. Date of Last Report	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$200,050.00 5b. Amount of Capital Contributions in FLORIDA to date.	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
7. Certificate of Status Desired		<input type="checkbox"/> \$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 CHRITTON, CHARLES P 5300 SOUTH FLORIDA AVENUE LAKELAND FL 33807			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
10a. Pursuant to the provisions of sections 620.105(1) 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 _____					
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) BYRNE & MOORE ASSOCIATES, IN		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5950 IMPERIAL LAKES BLV		11b. City, State & Zip Code MULBERRY FL 33880	
11c. Registration/Document Number P98000091243 500002561275--0 -06/16/98-01087-010 *****446.25 *****446.25		Signature: 			

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 _____

Typed or Printed Name of General Partner Signing Form

JAMES A. MOORE

DATE

3/12/98

Daytime Telephone Number

941-646-5066

CP2E003 (6/97)