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

DOCUMENT #

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FOREST COVE AT SANFORD FARMS, LTD.				
Malling Address	Principal Office Address 235 SOUTH MAITLAND AVENUE SUITE 216 MAITLAND FL 32751		3. Date Formed or Registered 5a. Capital Contributions as Shown on record	
235 SOUTH MAITLAND AVENUE SUITE 216			01/15/1997 3a. Date of Last Report	\$150,000.00
MAITLAND FL 32751				5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	\$150,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	
City & State	City & State		7. Certificate of Status Desired	Not Applicable
Zip Country	Zip	Country		\$8.75 Addit onat Fee Required State (See reverse side for fee Information
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office	
WALKER, BERRY J JR.		Name Steet Address (Name Street Address IF O. Boy Number is Not Accentable)	

235 MAITLAND AVENUE SOUTH **SUITE 216** Suite, Apt. #, etc MAITLAND FL 32751 Zin Code 10a. Pursuant to the provisions of sections G20.1051 and G20.1051 and

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). Thereby accept the appointment of registered agent, I am familiar with, and accord the obligations of section 620,192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

DATE 11-25-97

A GENERAL PARTNER THAT IS A CORPORATION. LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner Registration/ 11. Name(s) of General Partner(s) 11b. City, State & Zip Code

11a. (Do NOT Use Post Office Box Numbers) FOREST COVE AT SANFORD FARMS 235 MAITLAND AVE. SOU MAITLAND FL 32751

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Document Number

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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 Statules. 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's greature shall have the same legal effects as if made under eath. Hurther cert fy 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

FOREST COVE AT SANFORD FARMS, INC.

SIGNATURE By: Slery (). Wall, (). President Typed or Printed Name of General Partner Signing Form BERRY J. WALKER, JR.

DATE 11-25-97

Daytine Telephone Number 407-644-6535