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

LIMITED PARTNERSHIP **ANNUAL REPORT**

1998

との「神で、この「関係の「中にいい」を表現を表現している。これでは、「中にはなる」となる。 「「「「「「「」」」を表現しません。 「「「」」を、「」」というないのできる。 「「「」」というない。 「「「」」

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FLORIDA DEPARTMENT OF STATE

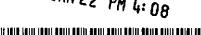
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN 22 PM 4: 08



	ASTUUUUU	0000				
US LIMITED						
				001/28		
Malling Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
2101 N.W. SETTLE AVENUE PORT ST. LUCIE FL 34988	2101 N.W. SETTLE AVENUE PORT ST. LUCIE FL 34986			03/12/1997 38. Date of Last Report	\$7,500.00	
					5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	28. Principal Office Address		4. State or Country of Formation	to date	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State	City & State		65-073745 7. Certificate of Status Desired	☐ Not Applicable	
Zip Country	Zip Country				\$8.75 Additional Fee Required of State (See reverse side for fee Information)	
				• Make check payable to: Dept. of	State (See reverse side for fee information)	
9. Name and Address of C	urrent Registered Agent			10. If changed, new Registered	Agent/Office	
KOHL, N. DEAN JR.,ESQ		Name Street Address (P.O. Box Number Is Not Acceptable)				
50 S.E. KINDRED STREET STUART FL 34994		Suite, Apt, #, etc				
Olumni i L uniori			, 0.0		Z _P Code	
	City				FL Proces	
10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the obli-	ice or registered agent, or both, in the State o					
SIGNATURE (Registered Agent Accepting Appointme				DATE		
A GENERAL PARTNER TH	AT IS A CORPORATION UST BE REGISTERED A	I, LIMITED AND ACTIV	PART VE WIT	NERSHIP OR OTHE	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Ge	eneral Partner ce Box Numbers)	11b.	City, State & 7ip Code	11c. Registration/ Document Number	
TAYLOR, RUSSELL S	2101 N.W. SETTLE AVEN		PORT ST. LUCIE FL 349			
TAYLOR, KATHY B	ATHY B 2101 N.W. SETTLE AVEN		PORT ST. LUCIE FL 349			
				800002	4164883	
					/\$801107001 41.25 ****141.25	
r*						
Note: General partners MAY N						
12. I do hereby certify that the information supplied Corporations from any liability of non-compliand this annual report is true and accurate and that empowered to execute this report as required.	e with Section 119.07(3)(k) in the event the firm signature shall have the same legs effect	ne information supp	neeb ai beilc	ned exempt from public access. I further	er certily that the information indicated on	

SIGNATURE

Typed or Printed Name of General Partner Signing Form RUSSELLS TOYLOY

DATE 1-12-98

Daytime Telephone Number 501-468-4848