


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 SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -2 AM 8:11	
1. Name of Limited Partnership CLAREMONT DEVELOPMENT, LIMITED PARTNERSHIP		1a. DOCUMENT # A97000000627			
Mailing Address 453 S. WEBB ROAD, SUITE 500 WICHITA KS 67207		Principal Office Address 2440 SOUTH FEDERAL HIGHWAY, SUITE M STEWART FL 34994		3. Date Formed or Registered 03/14/1997	
2. Mailing Address 450 N. Sunnyslope Rd, Suite 300 Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report	
City & State Brookfield, WI		City & State		4. State or Country of Formation FL	
Zip 53005		Country USA		5a. Capital Contributions as Shown on record. \$40,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date: \$291,000	
				6. FEI Number 65-0741814	
				<input 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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. If changed, new Registered Agent/Office Name 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 _____					
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) COVENTRY CORPORATION OF THE		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 453 SOUTH WEBB ROAD,		11b. City, State & Zip Code WICHITA KS 67207	
				11c. Registration/Document Number F97000001188	
				400002443604--0 -03/06/98--01090--014 ****541.25 ****541.25	
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 <u>R. Gail Knott</u> DATE <u>12/8/97</u>					
Typed or Printed Name of General Partner Signing Form <u>R. Gail Knott, V.P. - Sec.</u> Daytime Telephone Number <u>(316) 684-8300</u>					

CR2E003 (6/97)