

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

FILED

98 FEB -2 AM 9:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership FOREST HILL FAMILY PARTNERSHIP, LTD.	1a. DOCUMENT # A97000000889 98-AR CM
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2. Mailing Address C/O CHARLES F. MOHAUPT 1825 FOREST HILL BLVD., SUITE 201 WEST PALM BEACH FL 33406	2a. Principal Office Address 1825 FOREST HILL BLVD., SUITE 201 WEST PALM BEACH FL 33406	3. Date Formed or Registered 04/22/1997 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$1,400,000.00
Suite, Apt. #, etc. City & State Zip Country	Suite, Apt. #, etc. City & State Zip Country	4. State or Country of Formation FL 6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5b. Amount of Capital Contributions in FLORIDA to date: 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 MOHAUPT, CHARLES F 1825 FOREST HILL BLVD., SUITE 201 WEST PALM BEACH FL 33406

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City	800002426138--2 -02/10/98-01014-023 ****541.FL****541.25
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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) Charles F. Mohaupt (Trustee) DATE 1-28-98

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CHARLES F. MOHAUPT, TRUSTEE	1825 FOREST HILL BLVD	WEST PALM BEACH FL 33	
CAMILLE J. MOHAUPT, TRUSTEE	1825 FOREST HILL BLVD	WEST PALM BEACH FL 33	

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 Charles F. Mohaupt DATE 1-28-98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/97)