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 Seate DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT #

98 FEB 19 PM 3: 19



3363	SEDGWICK	MORTGAGE	HOLDINGS	LTD.
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363 SEDGWICK MORTGAGE HOLDINGS LTD.							
				x2/19			
Mailing Address	Principal Office Address	Principal Office Address		onned or Registered	5a. Capital Contributions as Shown on record.		
700 SOUTH OCEAN BLVD BOCA RATON FL 33432	700 SOUTH OCEAN BLVD BOCA RATON FL 33432			/1997 of Last Report	\$740,000.00		
					5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	28. Principal Office Address	28. Principal Office Address		Country of Formation	to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		mber	Applied For		
City & State	City & State	City & State		763827	Not Applicable		
Zip Country	Zip Country			7. Certificate of Status Desired \$8.75 Additional Fee Required			
			8. Make o	heck payable to: Dept. o	f State (See reverse side for fee information)		
9, Name and Address of Curre	ent Registered Agent	10. If changed, new Registered Agent/Office					
C T CORPORATION SYSTEM		Name	as (B.O. Bay Number to	Not Assentable			
1200 SOUTH PINE ISLAND ROAD		Sulte, Apt. #, etc.		Box Number is Not Acceptable)			
PLANATION FL 33324							
		City			FL Zip Code		
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA		IMITED	PARTNERSI	HIP OR OTHE			
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	I Dantage		ate & Zip Code	11C. Registration/ Document Number		
3363 SEDGWICK MORTGAGE LLC	700 SOUTH OCEAN BOULE		BOCA RATON FL 33432		M97000000287		
4			9	-82/20/	4163492 /9801058011 35.00 ****535.00		
4		1					
¥		{					
Note: General partners MAY NO	OT be changed on this forn	n; an ame	ndment must	be filed to ch	ange a general partner.		
12. I do hereby certify that the information supplied wit Corporations from any liability of non-compliance withis annual report is true and accurate and that my empowered to execute this report as required by c	th this filing is voluntarily furnished and does no vill Section 119.07(3)(k) in the event that the in signature shall have the same legal effects as thereter 620. Florida Statutes	ot qualify for the of formation suppli if made under o	exemption stated in Sec ed is deemed exempt fr ath. I further certify that	tion 119.07(3)(k), Florida om public access. I furth I am a General Partner c	Statutes. I release the Division of ner certify that the information indicated on		
SIGNATURE	mulul	Sun			1,0/00		
	<u> </u>			DATE	121(8(9)		
Typed or Printed Name of General Partner Signing Form	Michael Sherre	 1	Daylime	DATE Telephone Number	61 798 9080		