

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**98 MAY -8 PM 4: 09**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>1. Name of Limited Partnership</b>	<b>1a. DOCUMENT #</b> <b>A97000001609</b>
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**MAITLAND MEDICAL, LTD.**

<b>Mailing Address</b> 205 EAST CENTRAL BLVD., SUITE 300 ORLANDO FL 32801	<b>Principal Office Address</b> 205 EAST CENTRAL BLVD., SUITE 300 ORLANDO FL 32801	<b>3. Date Formed or Registered</b> 07/23/1997	<b>5a. Capital Contributions</b> 64,000
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	<b>3a. Date of Last Report</b>	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> 64,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> 59-3459560
City & State	City & State	<b>7. Certificate of Status Desired</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b> \$8.75 Additional Fee Required \$326.25
Zip Country	Zip Country		

<b>9. Name and Address of Current Registered Agent</b> HUTCHISON, THOMAS J III 205 EAST CENTRAL BLVD., SUITE 300 ORLANDO FL 32801	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) 300002524343-4 Suite, Apt. #, etc. -05/14/98-01122-007 City ****526.25 ****526.25 FL
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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, 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.**

<b>11. Name(s) of General Partner(s)</b> TJH DEVELOPMENT CORPORATION	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 205 EAST CENTRAL BLVD	<b>11b. City, State &amp; Zip Code</b> ORLANDO FL 32801	<b>11c. Registration/Document Number</b> P87000016807
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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 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

DATE

4-7-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/97)