

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

| | | | | | |
|---|--|--|--|--|--|
| LIMITED PARTNERSHIP ANNUAL REPORT 1998 | |  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> | | <p>FILED 98 JAN 27 PM 3:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> | |
| 1. Name of Limited Partnership <div style="text-align: right; font-size: 1.2em;">98-AR CM</div> | | 1a. DOCUMENT # <div style="font-size: 1.5em; font-weight: bold;">A97000001647</div> | | | |
| 2. Mailing Address 8972 BAYWOOD PARK DRIVE SEMINOLE FL 34647 33777 | | 2a. Principal Office Address 8972 BAYWOOD PARK DRIVE SEMINOLE FL 34647 33777 | | 3. Date Formed or Registered 07/28/1997 3a. Date of Last Report 4. State or Country of Formation FL | |
| 5a. Capital Contributions as Shown on record. <div style="font-size: 1.2em; font-weight: bold;">\$900.00</div> | | 5b. Amount of Capital Contributions in FLORIDA to date: <div style="font-size: 1.2em; font-weight: bold;">240,900.⁰⁰</div> | | | |
| 6. EIN NUMBER 59-7102916 | | <input type="checkbox"/> Applied For <input checked="" 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 NORRIE, JOHN B 8972 BAYWOOD PARK DRIVE SEMINOLE FL 34647 33777 | | 10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number) 8972 BAYWOOD PARK DRIVE 2413529--4 Suite, Apt. #, etc. ***2206.25 ***** City _____ FL Zip 33777 3326.25 | | | |
| 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) NORRIE, JOHN B NORRIE, CONSTANCE M | | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8972 BAYWOOD PARK DRI 8972 BAYWOOD PARK DRI | | 11b. City, State & Zip Code SEMINOLE FL 34647 33777 SEMINOLE FL 34647 33777 | |
| 11c. Registration/Document Number NONE | | | | | |
| 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 <i>John B Norrie</i> Typed or Printed Name of General Partner Signing Form JOHN B. NORRIE | | SIGNATURE <i>Constance M. Norrie</i> Typed or Printed Name of General Partner Signing Form Constance M. Norrie | | DATE 12/29/97 Daytime Telephone Number 813-392-6339 | |

CR2E003 (6/97)