

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 20 PM 1:03



1. Name of Limited Partnership
1a. DOCUMENT #
A97000001663

VIRILL INVESTMENT GROUP LIMITED PARTNERSHIP

Mailing Address 4951 GULFSHORE BLVD., NORTH. CONDO 103 NAPLES FL 34103		Principal Office Address 4951 GULFSHORE BLVD., NORTH. CONDO 103 NAPLES FL 34103		3. Date Formed or Registered 07/30/1997	5a. Capital Contributions as Shown on record. \$7,500.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$4,950,000
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3459834	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information) \$4,950,000 = \$541.25	

9. Name and Address of Current Registered Agent HRAWG CORP. 2000 GLADES RD., STE. L400 BOCA RATON FL 33431		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) LAURENZO, SHERRILL S LAURENZO, VINCENT D	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4951 GULFSHORE BLVD., 4951 GULFSHORE BLVD.,	11b. City, State & Zip Code NAPLES FL 34103 NAPLES FL 34103	11c. Registration/ Document Number 200002412492--5 -01/27/98--01009--013 ****541.25 ****541.25
437.50	103.75	dec	

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

Vince D. Laurenzo

DATE

12-29-97

Typed or Printed Name of General Partner Signing Form

VINCE D. LAURENZO

Daytime Telephone Number

941-261-8595

CR2E003 (6/97)