

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**98 FEB -9 PM 1:18**



<b>1. Name of Limited Partnership</b>	<b>1a. DOCUMENT #</b> <b>A97000001872</b>
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**NINE CABBAGES PARTNERSHIP, LTD.**

<b>Mailing Address</b> 19 IDORA BLVD. KISSIMMEE FL 34744		<b>Principal Office Address</b> 19 IDORA BLVD. KISSIMMEE FL 34744		<b>3. Date Formed or Registered</b> 08/29/1997	<b>5a. Capital Contributions as Shown on record.</b> \$1,574,135.00
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		<b>3a. Date of Last Report</b> 8/29/97	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$1,574,135
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. State or Country of Formation</b> FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		<b>6. FEI Number</b> 59-3465062	
Zip		Country		<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					

<b>9. Name and Address of Current Registered Agent</b> LEFKOWITZ, IVAN M ESQ. 430 NORTH MILLS AVENUE ORLANDO FL 32803	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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) \_\_\_\_\_ 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>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>
JOHNSTON ENTERPRISES, INC.	19 IDORA BLVD.	KISSIMMEE FL 34744	P97000053591

**Not:** 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 *William J. Johnston* DATE *2-4-98*

CR2E003 (12/97)