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

1. Name of Limited Partnership

1a. DOCUMENT # **A97000001917**

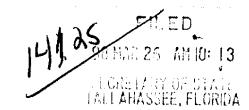
APOLLO PINES FAMILY LIMITED PARTNERSHIP

this annual report is true and accurate and that my signature

empowered to execute this/repor

SIGNATURE







| | | | | | T . | | |
|--|--|--|---|---|--|---------------------------------------|--|
| Mailing Address | Principal Office Address | Principal Office Address | | Date Formed or Registered | 5a. Capital Contributions as Shown on record. | | |
| P.O. BOX 7571 | P.O. BOX 7571 | P.O. BOX 7571 NORTH PORT FL 34287 | | 08/28/1997 | | \$100.00 | |
| NORTH PORT FL 94287 | NORTH PORT FL 34287 | | | 8a. Date of Last Report | 7 | | |
| | | | | | 5b. Amor | int of Capital ibutions in FLORIDA | |
| 2 Malling Address | 2a. Principal Office Address | 2a Principal Office Address | | 4. State or Country of Formation | | to date: | |
| 2. Mailing Address | Za. Fincipal Office Address | Eu. Fincipal Office Address | | FL | 060. | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number Applied For Not Applicable | | | |
| City & State | City & State | | | | | | |
| | | | | 7. Certificate of Status Desired \$8.75 Additional Fee Required | | \$8.75 Additional Fee Required | |
| Zip Country | Zip | Zip Country | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |
| | | | | | | | |
| 9. Name and Address of Current Registered Agent | | | 10. If changed, new Registered Agent/Office | | | | |
| LEMEK, THEODORE J 4724 HANSARD AVE. NORTH PORT FL 34287 | | Name | | | | | |
| | | Street Address (P.O. Box Number Is Not Acceptable) | | | | | |
| | | Suite, Apt. #, etc. | | | | | |
| | | City | | FL | Zip Code | | |
| for the purpose of changing its registered office agent. I am familiar with, and accept the obligion of the standard of the st | ations of section 620.192, Florida Statules. | | | DATE | <u> </u> | | |
| A GENERAL PARINER IN | JST BE REGISTERED A | ND ACTIV | VE WITH | i THIS OFFICE. | in busi | NESS ENTITY | |
| 11. Name(s) of General Partner(s) | 144 | Address of Each General Partner 11a. (Do NOT Use Post Office Box Numbers) | | City, State & Zip Code | 11c. | Registration/ Document Number | |
| LEMEK, THEODORE J | 4724 HANSARD AVE. | | | NORTH PORT FL 34287 | | | |
| LEMEK, KATHLEEN A | 4724 HANSARD AVE. | 4724 HANSARD AVE. | | TH PORT FL 34287 | | | |
| | | | | 400002 -04/02 ****1 | 476 8 /9803 41.25 | 3547 1069006 ****141.25 | |
| Note: Canaral partners MAY N | OT he changed on this fo | | ondre | munt ha filad to ah | 0000 0 0 | anaral partmar | |

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(9)(k) In the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on

ame legal effects as if made under oath. I further certify that I am a General Partner of the limit

CDZECOCS (14/3)