

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

FILED

98 FEB 26 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership SMP, LTD 4690 US Hwy #1 SO ST AUGUSTINE, FL 32086	1a. DOCUMENT # A97000001936
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Mailing Address SAMB	Principal Office Address SAMB
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3. Date Formed or Registered 9/9/97	5a. Capital Contributions as Shown on record. \$2,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$4,000

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. State or Country of Formation FL	6. FEI Number 59-3470052
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 RONALD E CLARK 501 St. Johns Ave PALATKA, FL 32177	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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.**

11. Name(s) of General Partner(s) WINFIELD H. SCOTT	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1504 CERVANTES PL LAKE LAKE, FL 32159	11b. City, State & Zip Code doe	11c. Registration/ Document Number A97000001936
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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

Winfield H. Scott

DATE

1/29/98

Typed or Printed Name of General Partner Signing Form

W

Winfield H. Scott
1504 Cervantes Pl.

Daytime Telephone Number

352-750-4121

CR2E003 (6/97)