

**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -6 PM 3:45

1. Name of Limited Partnership	1a. DOCUMENT # A97000002027
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ALLIGATOR VENTURES LIMITED




Mailing Address 334 EAST LAKE RD PALM HARBOR FL 34685		Principal Office Address 334 EAST LAKE RD PALM HARBOR FL 34685		3. Date Formed or Registered 09/18/1997	5a. Capital Contributions as Shown on record. \$100,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3464246	
Zip	Country	Zip	Country	7. Certificate of Status Desired <input type="checkbox"/>	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent CARLSON, HEATHER L 334 EAST LAKE RD PALM HARBOR FL 34685	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) 200002488172--2 Suite, Apt. #, etc. 04/14/98-01058-018 ****526.25 ****526.25 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CARLSON, CHADWICK D	145 SURFSIDE DR	MOORESVILLE NC 28115	
CARLSON, DELMONT D	P.O. BOX 827 (FAWN LA	MOORESVILLE NC 28115	
CARLSON, HEATHER L	334 EAST LAKE #135	PALM HARBOR FL 34685	

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 Heather L Carlson DATE 3-23-98
 Typed or Printed Name of General Partner Signing Form Heather L. Carlson Daytime Telephone Number 813-785-4900

CR2E003 (12/97)