


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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 JAN 16 AM 9:40 <i>12/122</i></p>	
1. Name of Limited Partnership EDGEWOOD GLEN LAND PARTNERS, LTD.		1a. DOCUMENT # A97000002185			
Mailing Address PO BOX 510265 MELBOURNE BEACH, FL 32951		Principal Office Address		3. Date Formed or Registered OCTOBER 9, 1997 3a. Date of Last Report	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FLORIDA 5a. Capital Contributions as Shown on record. \$152,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$105,000.00	
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc. City & State Zip Country		6. FEI Number 59-3457636 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input checked="" 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 PETER FLOTE 1408C ATLANTIC ST MELBOURNE BEACH, FL 32951	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) GREAT LAKES CONSULTING GROUP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1408C ATLANTIC ST MELBOURNE BEACH, FL 32951	11b. City, State & Zip Code MELBOURNE BEACH, FL 32951	11c. Registration/Document Number P940000559177 000002412496--2 -01/27/98--01010--007 *****541.25 *****541.25
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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 _____

DATE *12/16/97*

Typed or Printed Name of General Partner Signing Form *Peter Flote, President of Gen Partner*

Daytime Telephone Number *407-724-2454*

CR2E003 (6/97)