FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9700002371**

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 MAR 26 PM 1:58



LAST CHANCE FINANCE, LTD.								
	PBBB FH STREET NORTH RSBURG FL 33709	Principal Office Address 4101 - 66TH STREET NORTH ST. PETERSBURG FL 33709			3. Date Formed or Registered 10/30/1997 38. Date of Last Report 1 6/30/1997	58. Capital Contributions as Shown on record. \$500,000.00		
2. Mailin	g Address	2a. Principal Office Address	2a. Principal Office Address		4. State or Country of Formation	to da	00,000.	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3476442 Applied For Not Applicable 7. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	θ	City & State						
Zip	Country Zip Country			Fee Required 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				
THAT	CH, JOHN D		Name					
	66TH STREET NORTH		Street Address (P.O.		. Box Number is Not Acceptable)			
ST. PE	TERSBURG FL 33709		Sulta, Apt. #, etc.					
			City			FL	Zip Code	
for age	suant to the provisions of sections 620,1051 and the purpose of changing its registered office or and. I am familiar with, and accept the obligation (Registered Agent Accepting Appointment)	registered agent, or both, in the State of Flo				by accept the		
	NERAL PARTNER THAT	IS A CORPORATION, T BE REGISTERED AN	LIMITED	PART VE WIT	NERSHIP OR OTHE	R BUSI	NESS ENTITY	
11. N	lame(s) of General Partner(s)	11a. (Do NOT Use Post Office B	al Darla	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
LAST CHANCE FINANCE, INC.			4101 - 66TH STREET NO		ST. PETERSBURG FL 337		P94000073807	
					600002 -04/01 *****5	475 /880 26.25		
	[doe			
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 referse 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. If urther 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 (20) Forida Statutes.								
SIGNAT	rure <	J. 1.			DATE	3	24-98	