


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

FILED

98 APR 28 AM 10:58

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	1a. DOCUMENT # A97000002425
ASSMANN (USA) VENTURES, LTD. g.g. AR CM	



2. Mailing Address	2a. Principal Office Address
C/O DON MORGAN 1500 ROYAL PALM SQUARE BLVD., SUITE 101 FORT MYERS FL 33919-1058	C/O DON MORGAN 1500 ROYAL PALM SQUARE BLVD., SUITE 101 FORT MYERS FL 33919-1058
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Formed or Registered 11/07/1997	5a. Capital Contributions as Shown on record \$1,000.00
3a. Date of Last Report New	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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	10. If changed, new Registered Agent/Office
MORGAN, DON 1500 ROYAL PALM SQUARE BLVD., SUITE 101 FORT MYERS FL 33919-1058	Name Drake M. Batchelder, Esq.
	Street Address (P.O. Box Number is Not Acceptable) Tripp, Scott, Conklin & Smith
	Suite, Apt. #, etc. 110 SE 6th Street, 15th Floor
	City Fort Lauderdale, FL Zip Code FL 33301
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
MORGAN, DON	1500 ROYAL PALM SQUAR	PORT MYERS FL 33919	997-93394
ASSMANN FLORIDA INTERNATIONAL INC.	C/O DON MORGAN & ASSOC 1500 ROYAL PALM SQ BLVD SUITE 101 FORT MYERS, FL 33919		200002507122--4 -04/30/98--01105--001 ****141.25 ****141.25

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 *Don Morgan* DATE 4/6/98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number (941) 274-0404

CR2E003 (12/97)