

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 30 PM 3:50
TALLAHASSEE, FLORIDA
JL 1/13

1. Name of Limited Partnership	1a. DOCUMENT # A97000002535
MIDWEST PLYMOUTH LIMITED PARTNERSHIP	

Mailing Address 3315 N. 124th Street Suite E Brookfield, WI 53005	Principal Office Address Two Datran Center Suite 1528 9130 S. Dadeland Blvd. Miami, FL 33156	3. Date Formed or Registered 11/21/97	5a. Capital Contributions as Shown on record \$5,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date \$5,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 39-1913922 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	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)
Zip	Country		

9. Name and Address of Current Registered Agent Midwest Plymouth GP, Inc. Two Datran Center Suite 1528 9130 S. Dadeland Blvd. Miami, FL 33156	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) Midwest Plymouth GP, Inc. Keystone Plymouth Real Estate Development Corp.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3315 N. 124th Street 540 Frontage Road	11b. City, State & Zip Code Brookfield, WI 53005 Northfield, IL 60093	11c. Registration/ Document Number P97000096019 f97000006179 8000002401998-8 -01/15/98-01093-015 ****156.25 ****156.25
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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 Michelle M. Nennig DATE 12/23/97
By: Midwest Plymouth GP, Inc.
Michelle M. Nennig
Registered Telephone Number 414-781-8760

CR2F003 (6/97)