

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 26 AM 9:02

1. Name of Limited Partnership Your Neighbors RV		1a. DOCUMENT # A97000002753	
		L.T.D.	
Mailing Address 15955 US 19 N. Hudson FIA, 34667		Principal Office Address 5601 Edmond Suite m. WACO TX 76710	
2. Mailing Address 15955 US 19 N Suite, Apt. #, etc.		2a. Principal Office Address 5601 Edmond Suite, Apt. #, etc. Suite m	
City & State Hudson FIA		City & State WACO TX	
Zip Country 34667 PASCO, USA		Zip Country 76710 U.S.A.	
		3. Date Formed or Registered 12-18-97	
		3a. Date of Last Report	
		4. State or Country of Formation FIA.	
		5a. Capital Contributions as Shown on record \$950.00	
		5b. Amount of Capital Contributions in FLORIDA to date	
		6. FEI Number 457-88-3120 <input checked="" type="checkbox"/> Applied For 61-00-047208-23-8 <input checked="" 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 Micheal R. Power 15955 US 19 N Hudson FIA, 34667		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 300002416478--4 Suite, Apt. #, etc. -01/29/98--01105--019 City ***156.25 ***156.25 FL	
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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) Robert L Roberts	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6824 Flicker LN Hudson,	11b. City, State & Zip Code Hudson FIA, 34667	11c. Registration/ Document Number A97000002753
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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

Robert L. Roberts

DATE

1-12-98

Typed or Printed Name of General Partner Signing Form

ROBERT L. ROBERTS

Daytime Telephone Number

254-772-6031

CR2E003 (6/97)