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

1. Name of Limited Partnership

1a.

DOCUMENT #

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THE PHOENIX MANAGEMENT CO	OMPANY, LTD.								
	•		001/14)					
Mailing Address	Principal Office Address		3. Date Formed of Registered	5a. Capital Contributions as Shown on record.					
12900 Lakeview Point Court Windermere, FL 32780	12900 Lakeview Point Court		12/19/97	\$ 1,980.00					
windermere, FL 32700	Windermere, FL	32/80	38. Date of Last Report						
			A .	5b. Amount of Capital Contributions in FLORIDA					
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation Florida	to date:					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For					
City & State	City & State		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Not Applicable					
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fec 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							
Cleatous J. Simmons, Esquire Lowndes, Drosdick, Doster, Kantor & Reed, PA 215 North Eola Drive Orlando, FLorida 32801		Name							
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apr. #, etc01/21/9801105008 City ****156.25 ****156.25							
							City	••••• <u>•</u>	FL Procession
					10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registored office or regagent. I am familiar with, and accept the obligations of the purpose of the purpose of changing its registored office or regarder.	sistered agent, or both, in the State of Flor	d limited partnership orga ida. Such change was au	nized or registered under the laws of th thorized by its general partner(s). I here	e State of Florida, submits this statement by accept the appointment of registered
SIGNATURE (Registered Agent Accepting Appointment)			DATE						
A GENERAL PARTNER THAT IS MUST	S A CORPORATION, L BE REGISTERED AN	IMITED PART D ACTIVE WI	NERSHIP OR OTHE TH THIS OFFICE.	R BUSINESS ENTITY					
11. A Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner x Numbers) 11b.	City State & Zip Code	11c. Registration/ Decument Number					
Preson Managers, Inc.	12900 Lakeview Poi	int Ct. Win	dermere, FL 32780	P97000106551					
Note: Company and the state of									
Note: General partners MAY NOT b									
 I do hereby certify that the information supplied with tris Corporations from any liability of non-compliance with Se 	clion 119.07(3)(k) in the event that the inf	ormation supplied is deen	ned exempt from public access. I further	or certify that the information indicated on					
this annual roport is true and accurate and that my signa	ture shall have the same legal effects as i	l made under oath, i furth	er certify that I am a General Partner of	the limited partnership, receiver or trustee					

SIGNATURE _ By - Frederick M. Wauson DATE 12-31-97 Frederick M. Dawson, President Daytime Telephone Number 407/876-1504 Typed or Printed Name of General Partner Signing Form

empowered to execute this report as required by chapter 620, Florida Statutes.

DAWSON MANAGERS, INC., General Partner