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

MacChesnea, Cutter &

199700000 2885

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN -2 AM 10: 45

	Ballantine, Ltd.			
Mailing Address 21 S.E. 1st Avenue Suite 800 Miami, FL 33131	00		3. Date Formed or Registered 12/29/97 3a. Date of Last Report 1st Report 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$140,000.00 5b. Amount of Capita' Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		\$140,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8,75 Additional
Zip Country	Zip			Fee Required of State (See reverse side for fee information)
Q Name and Address o	f Current Registered Agent		10. If changed, new Register	ed Agent/Office
	l office or registered agent, or both, in the State of obligations of solivon e20 191. Florida Statutes (amod limited partnership or Florida. Such change was a	gan zed or registered under the laws of authorized by its general partner(s). The DATE	reby accept the appointment of registered
A GENERAL PARTNER T	HAT IS A CORPORATION MUST BE REGISTERED A	, LIMITED PAR	TNERSHIP OR OTHE	
11. Name(s) of General Partner(s)	11a. Address of Each Ger (Do NOT Use Post Office	neral Partner e Box Numbers) 11b.	City State & Zip Code	11c. Registration/ Document Number
MacChesnea Enterprise			ami, FL 33131 100002 -01/2 ****	P97000107595 24074717 1/8801120006 54 .25 ****541.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. It do hereby certify that the information supplied with this filling 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 inport as required by chapter 620, Florida Statutes.

SIGNATUREX

SIANSTOZ PRI

PRES. OF GEN. PTO

Daytime Telephone Number

1305 Y374 88

CR2E003 (6/9