## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

empowered to execute this report as required by

Typed or Printed Name of General Partner Signing Form

SIGNATURE\_



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

98 DEC 18 PM 12: 22

12/15/98

Daytime Telephone Number

(727) 536-5900

1. Name of Limited Partnership	1a. DOCUMENT # A98000000909			11112: 23	
ASHEVILLE PARTNERS, LTD.		į	D2(3)		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
13922 58TH STREET NORTH CLEARWATER FL 33760	13922 58TH STREET NORTH CLEARWATER FL 33760		04/13/1998 3a. Date of Last Report	\$809,800.00	
		]		5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date: \$809,800.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3504356	Applied For	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country			Fee Required	
9. Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office		
BEYER, DAVID A		- (D.O. B			
C/O RUDNICK & WOLFE		Address (P.O. Bo	ress (P.O. Box Number is Not Acceptable)		
101 EAST KENNEDY BLVD., SUITE 2000	Suite, Apt. #, etc		tc.		
TAMPA FL 33602	City	<u></u>	<u> </u>	FL Zip Code	
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)		<del> </del>	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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers	<sub>s)</sub> 11b.	City, State & Zip Code	11c. Registration/ Document Number	
ASHEVILLE CORP.	13922 58TH STREET NOR	CLE	ARWATER FL 33760	P98000023672	
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*			3000027 -01/05/ ****52	20573	
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 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

Arthur Rutenberg, President Asheville Corp., General Partner

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