REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP. ANNUAL REPORT

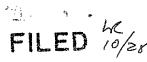
Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



1998 1999	DIVISION OF CORPORATIONS		r II	FILEU 10/28		
Name of Limited Partnership	1a. DOCUMENT #		98 OCT 26 AM 8: 31			
	A98000002015		SECRETAI	SECRETARY OF STATE TALLAHASSEE FLORIDA		
LEWALLEN INVESTMENT PARTNERS	HIP, LTD.		TAĻLAHAS	Stt rlt	KIĐA	
		. <u>.</u>			·····	
Mailing Address	Principal Office Address		3. Date Formed or Registered	Shawn on record.		
741 37th Avenue N.E. St. Petersburg, FL 33704	741 37th Avenue N.E. St. Petersburg, FL 33704		8/28/98	3a. Date of Last Report N/A 5,000,000 5b. Amount of Capital Contributions in FLORIDA to date:		
•						
2. Mailing Address	2a. Principal Office Address		· · · · · · · · · · · · · · · · · · ·			
Suite, Apt, #, etc,	Suite, Apt. #, etc.		6. FEI Number	Applied For		
City & State	City & State		59-3529830 7. Certificate of Status Desired		Not Applicable	
Zip Country	Country Zip Country			7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information		
			O, water order payable to book to		oraz side ilər ide ililətinizəti,	
9. Name and Address of Current Registered Agent Name			1.0. If changed, new Registers	d Agent/Office		
James E. Lewallen 741 37th Avenue N.E. Street Addre			(P.O. Box Number Is Not Acceptable)			
0. 7. 1			uite, Apt. #, etc.			
		City		Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 6	20,192, Florida Statutes, the above-name	d limited partnersh	nip organized or registered under the laws of t	FL he State of Flor	da, submits this statement	
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Flor					
SIGNATURE (Registered Agent Accepting Appointment)			DATE			
A GENERAL PARTNER THAT IS MUST	S A CORPORATION, L BE REGISTERED ANI			R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	Partner x Numbers) 1	1b. City, State & Zip Code	11c.	Registration/ Document Number	
Lewallen Management Company	741 37th Avenue N.E. St		St. Petersburg, FL 3	Petersburg, FL 33704 P98000069940		
			500002 -10/2 ****	 2 675 8/980 526.25	1052 1094004 ****\$26.25	
(

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 Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signal empowered to execute this report of required by chapter LEWALLEX MANAGEMENT	oction 119.07(3)(f) in the event that the inf sture shall have the same legal effects as in r.620, Florida Statules.	ormation supplied	is deemed exempt from public access. I furth	er certify that th	e information indicated on	
SIGNATURE I DATE 10/20/98 James E. Lewallen, President						

Daytime Telephone Number (\$27) 895-2679