

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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership The REMCO Limited Partnership	1a. DOCUMENT # A98000002797
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Mailing Address 6235 SE Charleston Place, G103 Hobe Sound, FL 33455	Principal Office Address _____ _____ _____
2. Mailing Address Suite, Apt #, etc City & State Zip Country	2a. Principal Office Address Suite, Apt #, etc City & State Zip Country

FILED
JUN 19 1999

3. Date Formed or Registered 12/15/98	5a. Capital Contributions Shown on record \$1,750,000.00
3a. Day of Last Report N/A	5b. Amount of Unpaid Contributions in FLORIDA to date
4. State or County of Formation Florida	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FIC Number 65-0881323	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of State Designation	<input type="checkbox"/>
8. Mailing Fee payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent James Sopko, Esquire 2307 SE Montorey Road Stuart, FL 34996

10. If change of new Registered Agent's Office Name _____ Street Address (P.O. Box Number is N/A, acceptable) _____ Suite, Apt #, etc _____ City _____ State _____ Zip Code _____
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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 reorganized 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 partners. The undersigned, as the appointed or registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

**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) Catawba, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Number) 6235 SE Charleston Pl. G103	11b. City, State & Zip Code Hobe Sound, FL 33455	11c. Registration/ Document Number P98000101602
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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)(b), 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 _____ Typed or Printed Name of General Partner Signing Form: Raymond E. Mack, Jr., President	DATE: 1/10/99 Division Telephone Number: (561) 546-7336
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CP2500 (9/98)