المراسسين

SIGNATURE:

2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

							1 1	L L L		
	DOCUMENT # B01000000407 1. Entity Name DISTRICT 98, LTD.						04 JAN 26			
	Principal Place of Business Mailing Address 250 WASHINGTON STREET PO BOX 680176 PRATTVILLE, AL 36067 PRATTVILLE, AL 3606					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
. [2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01152004	Chg-LP	CR2E00	3 (10/03)	
	City & State		City & State		4. FEI Number 65-1286			Applied For Not Applicable		
-	Zip	Country	Zip	Country			f Status Desired		8.75 Additional	
-	6. Name and Address of Current		ent Registered Agent	d Agent		7. Name and A	ddress of New R			
	KIEHN, ROLAND W				Name					
	220 MČKENZIE AVENUE PANAMA CITY, FL 32401				Street Address (P.O. Box Number is Not Acceptable)					
-					City	FL Zip Code				
		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							DATE		
	9. Capital Contributions as Shown on record. \$1,000.00 In FLORIDA to date.				butions #1,00	20				
-		A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.								
┝	12. GENERAL PARTNER INFORMATION 13.						ADDRESS CHA			
ŀ	DOCUMENT #	F92000000595 CORPORATE GENERAL, INC. 250 WASHINGTON STREET PRATTVILLE, AL 36067			EET ADDRESS		ADDRESS CRA	INGES UNL		
	NAME STREET ADDRESS CITY-ST-ZIP				r-ST-ZIP					
-	DOCUMENT #				EET ADORESS					
	NAME STREET ADDRESS				r-ST-ZIP					
_	CITY-ST-ZIP DOCUMENT ≠				EET ADDRESS	300027623723 01/26/0401095022 **141.25				
FRE T	NAME STREET ADDRESS				Y-ST-ZIP	01/26/	<u> 10401095</u>	<u>U22</u>	**141.25	
	DOCUMENT /			_	EET ADDRESS					
	NAME STREET ADDRESS				Y-ST-ZIP					
	DOCUMENT /		n ravio	-	EET ADDRESS				W 487-1 - 25 M	
	NAME STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP	~ <u>~</u>				
	DOCUMENT #			STR	EET ADDRESS				_	
	STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	, 400	W.t		1 10 Var. 1	
-[14. I hereby of indicated the received	certify that the information supplied on this report is true and adcurate a ver or trustee empowered to execute	with this filing does not qualify and that my signature shall ha a this report as required by Ch	for the exert for the same the same for the same for 620,	emption stated in Se le legal effect as if r Florida Statutes	ection 119.07(3)(i) made under oath;	, Florida Statutes, I that I am a Genera	further certi I Partner of t	fy that the information he limited partnership or	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/24/04

ÉIÍ ED