## 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT 17 PH 3: 49

1. Name of Limited Partnership  1a. DUCUMENT # B9300000128  CONAM PROPERTY SERVICES, LTD.		0128			
	5 <b>-0</b> , 1.5.				
Malling Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.	
1764 SAN DIEGO AVENUE	GO AVENUE 1764 SAN DIEGO AVENUE		03/19/1993	\$11,875.00	
SAN DIEGO CA 82110	SAN DIEGO CA 92110	SAN DIEGO CA 92110			
			10/22/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a, Principal Office Address	28. Principal Office Address		to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ Applied For	
City & State	City & State	City & State		Not Applicable	
Zip Country	Zin	Zip Country		\$8.75 Additional Fee Required	
			8. Make check payable to: Dept. of	f State (See reverse side for fee information)	
9. Name and Address of C	current Registered Agent	<del></del>	10. If changed, new Registere	ad Agent/Office	
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET		Name			
		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 105		Suite, Apt. #, etc.			
TALLAHASSEE FL 32301		City	City FL Zip Code		
agent. Fam familiar with, and accept the obli-	ent)		DATE		
A GENERAL PARTNER TH	IUST BE REGISTERED AI	ND ACTIVE	ARTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office	eral Partner Box Numbers)	1b. City, State & Zip Code	11c. Registration/ Document Number	
CONAM DEVELOPMENT CORP.	1764 SAN DIEGO AVEN		SAN DIEGO CA 92110	F9300001512	
			800002 -10/2 *****	2326678 B 2/3701049005 187.00 ****187.00	
ę					
<u>,</u>				. KWM	
Note: General partners MAY I	NOT be changed on this for	m: an amen	dment must be filed to ch		
12. I do hereby certify that the information supplied Corporations from any liability of non-compliance	d with this filing is voluntarily furnished and does ce with Section 119.07(3)(k) in the event th <del>at the</del> I my signature shall have the same legal effects a	not qualify for the ex- information supplied	emption stated in Section 119.07(3)(k), Florida I is deemed exempt from public access. I furth	Statutes. I release the Division of- ner certify that the information indicated on	
SIGNATURE By:	Soffers	pre	DATE		
Typed or Printed Name of General Partner Signing For	m By: E. Scott Dur	oree, V.	P . Daytime Telephone Number(	619) 297-6771	