

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
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**


97 SEP 15 PM 12:07



1. Name of Limited Partnership LANDMARK LTM COMPANY, L.P., A VIRGINIA LIMITED PARTNERSHIP	1a. DOCUMENT # B93000000427
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Mailing Address 150 WEST BRAMBLETON AVENUE NORFOLK VA 23510	Principal Office Address 150 WEST BRAMBLETON AVENUE NORFOLK VA 23510
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2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Formed or Registered 10/08/1993	5a. Capital Contributions as Shown on record. \$0.00
3a. Date of Last Report 10/01/1996	5b. Amount of Capital Contributions in FLORIDA to date: 
4. State or Country of Formation VA	6. FEI Number 54-1589296
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST STE 105 TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number to Not Acceptable) Suite, Apt. #, etc. City 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) _____ 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) LTM HOLDINGS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 150 WEST BRAMBLETON A	11b. City, State & Zip Code NORFOLK VA 23510	11c. Registration/Document Number P33474
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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)(k), 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 Susan D. Smith DATE Sept. 9, 1997
 Typed or Printed Name of General Partner Signing Form Susan D. Smith, Assistant Secretary Telephone Number 757-446-2013

CP2E003 (6/97)