

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 SEP 15 AM 7:53



1. Name of Limited Partnership		1a. DOCUMENT # B94000000067	
TRIUMPH-CALIFORNIA CAPITAL ADVISORS LIMITED PART NERSHIP			
Mailing Address 222 LAKEVIEW AVENUE, SUITE 160-268 WEST PALM BEACH FL 33401		Principal Office Address 222 LAKEVIEW AVENUE, SUITE 160-268 WEST PALM BEACH FL 33401	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 02/25/1994		5a. Capital Contributions as Shown on record. \$10,000.00	
3a. Date of Last Report 10/08/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation DE		6. FEI Number 06-1361617	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MCCARTHY, FREDERICK W 222 LAKEVIEW AVENUE, SUITE 160-268 WEST PALM BEACH FL 33401		10. If changed, new Registered Agent/Office	
Name		Name	
Street Address (P.O. Box Number if Not Applicable)		Street Address (P.O. Box Number if Not Applicable)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City		City	
Zip Code		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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
TRIUMPH-CALIFORNIA CAPITAL A	222 LAKEVIEW AVENUE,	WEST PALM BEACH FL 33	F93000000944

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 Frederick W. McCarthy DATE 9-9-97
Typed or Printed Name of General Partner Signing Form FREDERICK W. MCCARTHY Daytime Telephone Number 800-557-6002

CR2E003 (6/97)