

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 31 AM 10:32



1. Name of Limited Partnership	1a. DOCUMENT # B9400000141
SUTTON TOWN & COUNTRY ASSOCIATES, LIMITED PARTNERSHIP	

Mailing Address 17290 CORAL COVE WAY BOCA RATON FL 33496	Principal Office Address 17290 CORAL COVE WAY BOCA RATON FL 33496
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 04/14/1994	5a. Capital Contributions as Shown on record. \$100.00
3a. Date of Last Report 12/11/1996	
4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date: 100-
6. FEI Number 65-0479504	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input 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 YUDELL, DAVID 17290 CORAL COVE WAY BOCA RATON FL 33496	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) 501102339305-6 -11/05/97-01094-002 Suite, Apt. #, etc. ***156.25 ***156.25 City FL 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 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) SUTTON TOWN & COUNTRY ASSOCI	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 17290 CORAL COVE WAY	11b. City, State & Zip Code BOCA RATON FL 33496	11c. Registration/Document Number F9400001942
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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 in Chapter 220, Florida Statutes.

SIGNATURE *[Signature]* DATE 10/29/97
Typed or Printed Name of General Partner Signing Form DAVID YUDELL Daytime Telephone Number 561-998-6035

CR2E003 (6/97)

KWM