

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 NOV -3 PM 3: 08



1. Name of Limited Partnership IHLP LIMITED		1a. DOCUMENT # B9500000121	
Mailing Address 4902 EISENHOWER BLVD., SUITE 380 TAMPA FL 33634		Principal Office Address 4902 EISENHOWER BLVD., SUITE 380 TAMPA FL 33634	
2. Mailing Address 4350 W. Cypress Street Suite, Apt. #, etc. 250 City & State Tampa, FL Zip 33607		2a. Principal Office Address 4350 W. Cypress Street Suite, Apt. #, etc. 250 City & State Tampa, FL Zip 33607	
3. Date Formed or Registered 03/27/1995		5a. Capital Contributions as Shown on record \$1,617,000.00	
3a. Date of Last Report 01/09/1997		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation DE		6. FEI Number 51-0348749 <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 EURO AMERICAN MANAGEMENT, INC. 4902 EISENHOWER BLVD., SUITE 380 TAMPA FL 33634		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 4350 W. Cypress Street Suite, Apt. #, etc. 250 City Tampa FL Zip Code 33607	
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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) *[Signature]* DATE 10/22/97

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) INDIAN HILLS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 168 LOOKOUT PLACE, SU 4350 W. Cypress Str.	11b. City, State & Zip Code Maitland FL 32751 Tampa, FL 33607	11c. Registration/ Document Number F9500001461
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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 *[Signature]* DATE 10/22/97

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/97)