

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 14 AM 10:51



1. Name of Limited Partnership	1a. DOCUMENT # B960000000001
PETRACOM EQUITY PARTNERS, L.P., LTD.	

Mailing Address 1527 NORTH DALE MABRY HIGHWAY, SUITE 105 LUTZ FL 33549	Principal Office Address CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801	3. Date Formed or Registered 01/02/1996	5a. Capital Contributions as Shown on record. \$5,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/31/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation DE	
City & State	City & State	6. FEI Number 59-3371845	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	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 GT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name JOSEPH M. FRY Street Address (P.O. Box Number Is Not Acceptable) 1527 N. DALE MABRY HWY Suite, Apt. #, etc. 105 City LUTZ State FL Zip Code 33549
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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 **9/29/97**

**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) ASH, HENRY A	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1527 NORTH DALE MABRY	11b. City, State & Zip Code LUTZ FL 33549	11c. Registration/ Document Number 900002321759--0 -10/16/97--01051--001 ****156.25 ****156.25 <i>[Signature]</i> 10-15
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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 **9/29/97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)