FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

DEENIS EQUITIES, LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **B96000000219**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MIC-1 MII: 09



				Date Louned or Posistered	5a. Capital Contributions as	
alling Address	Principal Office Address			Shown on record.		
/O AUBURNDALE PROPERTIES, INC. P2 WASHINGTON STREET, 3RD FLOOR	C/O CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801			\$100.00		
ELLESLEY MA 02181				B. Date of Last Report		
				02/13/1997	5b. Amount of Capital Contributions in FLORIDA to date:	
Mailing Address	28. Principal Office Address			4. State or Country of Formation DE	100.00	
uite, Apt. #, etc.						
оно, грн. и, осс.	Suite, Apt. #, etc.		•	, FEI Number 04-3317917	Applied For	
ity & State	City & State		<u>-</u>	······································	Not Applicable	
p Country	7ip	Country	··	Certificate of Status Desired	\$8.75 Additional Fee Required	
· · · · · · · · · · · · · · · · · · ·			8.	Make check payable to: Dept. of	State (See reverse side for fee informa	
9, Name and Address of Curre	nt Registered Agent	10. If changed, new Registered Agent/Office				
C T CORPORATION SYSTEM		Name				
1200 SOUTH PINE ISLAND ROAD		Street Address (P Suite, Apt. #, etc.		ress (P.O. Box Number Is Not Acceptable) #, etc.		
PLANTATION FL 33324						
	City			Zin Code		
Oa. Pursuant to the provisions of sections 620 1051 a for the purpose of changing its registered office capent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of F	City med limited partni lorida. Such char	ership organized nge was authoriz	For registered under the laws of the ed by its general partner(s). There	FL Zip Code To State of Florida, submits this statement of register appointment of register.	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation GNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT	or registored agent, or both, in the State of force of section 670.192, Florida Statutes.	med limited partni lorida. Such char	PARTNE	ed by its general partner(s). I here DATE ERSHIP OR OTHE	FL no State of Florida, submits this statom by accept the appointment of register	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation GNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT MUS	or registered agent, or both, in the State of F ans of section 620.192, Florida Statutes T IS A CORPORATION, ST BE REGISTERED A	med limited partru lorida. Such char LIMITED ND ACTIV	PARTNE	ed by its general partner(s). I here DATE ERSHIP OR OTHE	FL in State of Florida, submits this statom bby accept the appointment of registe R BUSINESS ENTIT Registration	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation GNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT MUS	or registered agent, or both, in the State of F ans of section 620.192, Florida Statutes. TIS A CORPORATION, ST BE REGISTERED A	LIMITED ND ACTIV eral Partner Box Numbers)	PARTNE /E WITH 11b.	DATE ERSHIP OR OTHE THIS OFFICE.	FL no State of Florida, submits this station, oby accept the appointment of registe R BUSINESS ENTIT	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation of the control of th	or registored agent, or both, in the State of Fine of section 620.192, Florida Statutes T IS A CORPORATION, ST BE REGISTERED A 11a. Address of Each Gone (Do NO) Use Post Office	LIMITED ND ACTIV eral Partner Box Numbers)	PARTNE /E WITH 11b.	DATE DATE THIS OFFICE. City, State & 7 ip Code	FL lie State of Florida, submits this statem by accept the appointment of register R BUSINESS ENTIT 11c. Registration/ Document Number F96000002999	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation of the control of th	or registored agent, or both, in the State of Fine of section 620.192, Florida Statutes T IS A CORPORATION, ST BE REGISTERED A 11a. Address of Each Gone (Do NO) Use Post Office	LIMITED ND ACTIV eral Partner Box Numbers)	PARTNE /E WITH 11b.	DATE ERSHIP OR OTHE THIS OFFICE. City, State & 7tp Code SLEY MA 02181	FL in State of Florida, submits this statom by accept the appointment of register R BUSINESS ENTIT 11c. Registration Document Number F96000002999	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation of the control of th	or registored agent, or both, in the State of Fine of section 620.192, Florida Statutes T IS A CORPORATION, ST BE REGISTERED A 11a. Address of Each Gone (Do NO) Use Post Office	LIMITED ND ACTIV eral Partner Box Numbers)	PARTNE /E WITH 11b.	DATE ERSHIP OR OTHE THIS OFFICE. City, State & 7tp Code SLEY MA 02181	FL lie State of Florida, submits this statem by accept the appointment of register R BUSINESS ENTIT 11c. Registration/ Document Number F96000002999	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation of the control of th	or registored agent, or both, in the State of Fine of section 620.192, Florida Statutes T IS A CORPORATION, ST BE REGISTERED A 11a. Address of Each Gone (Do NO) Use Post Office	LIMITED ND ACTIV eral Partner Box Numbers)	PARTNE /E WITH 11b.	DATE ERSHIP OR OTHE THIS OFFICE. City, State & 7tp Code SLEY MA 02181	FL no State of Florida, submits this statem oby accept the appointment of register R BUSINESS ENTIT 11c. Registration/ Document Number F96000002999 B E E TE - 2	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation of the control of th	or registored agent, or both, in the State of Fine of section 620.192, Florida Statutes T IS A CORPORATION, ST BE REGISTERED A 11a. Address of Each Gone (Do NO) Use Post Office	LIMITED ND ACTIV eral Partner Box Numbers)	PARTNE /E WITH 11b.	DATE ERSHIP OR OTHE THIS OFFICE. City, State & 7tp Code SLEY MA 02181	FL no State of Florida, submits this statement by accept the appointment of register R BUSINESS ENTIT 11c. Registration/ Document Number F96000002999 B B B B C B C B C C C C C C C C C C C	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation of the property of the second of the control of th	or registored agent, or both, in the State of Fine of section 620.192, Florida Statutes T IS A CORPORATION, ST BE REGISTERED A 11a. Address of Each Gone (Do NO) Use Post Office	LIMITED ND ACTIV eral Partner Box Numbers)	PARTNE /E WITH 11b.	DATE ERSHIP OR OTHE THIS OFFICE. City, State & 7tp Code SLEY MA 02181	FL no State of Florida, submits this statem oby accept the appointment of register R BUSINESS ENTIT 11c. Registration/ Document Number F96000002999 B B B B F F B B B B B B F F B B B B B B	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation of the purpose of changing its registered of the control of the c	or registored agent, or both, in the State of Fine of section 620.192, Florida Statutes T IS A CORPORATION, ST BE REGISTERED A 11a. Address of Each Gone (Do NO) Use Post Office	LIMITED ND ACTIV eral Partner Box Numbers)	PARTNE /E WITH 11b.	DATE ERSHIP OR OTHE THIS OFFICE. City, State & 7 ip Code SLEY MA 02181 SUPPLY 23 -12/04/ *****45	FL no State of Florida, submits this statom by accept the appointment of reg ste R BUSINESS ENTIT 11c. Registration/ Document Number F96000002999 B B B T T B - 2 797-01115-005 15 00 ****165.00	
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation of the control of th	T IS A CORPORATION, BT BE REGISTERED AI 11a. (Do NOT Use Post Office) 327 WASHINGTON STR	med limited partni lorida. Such char LIMITED ND ACTIV eral Partner Box Numbers)	PARTNE /E WITH 11b. WELLES	DATE ERSHIP OR OTHE THIS OFFICE. City, State & 7 ip Code SLEY MA 02181 STOTION 23 -12/04/ ****45	FL in State of Florida, submits this statement by accept the appointment of register	

SIGNATURE

Tuned or Printed Name of General Partner Singing Form

Soll Donpey The

DATE 11/24/97

Daytime Telephone Number //8/) 4/3/-260

CR2E003 (6/97)