## FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

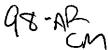
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

1a. DOCUMENT # **B9600000260** 

TITUSVILLE DEVELOPMENT, L.P. LTD.



FILED

98 MAR 31 AM 9: 55

CORETARY OF STATE TALLAMASSEE, FLORIDA



Malling Address	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.	
8810 N. SHADELAND AVE., SUITE 200	6610 N. SHADELAND AVE., SUITE 200 INDIANAPOLIS IN 46220		07/10/1996	\$99.00	
INDIANAPOLIS IN 46220			38. Date of Last Report		
			07/15/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	99.00	
Soite, Apr. #, etc.	Suite, Apr. #, etc.		35-1779428	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired		
Zip Country	Zip Country			\$8.75 Additional Fee Required State (See reverse side for fee Information)	
			0, 1100	•	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
10s Pursuant to the provisions of sections 620 105	1 and 620 192. Fiorida Statutes, the above-na	City	p organized or registered under the laws of t	FL Zip Code he State of Florida, submits this statement	
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered offic agent. I am familiar with, and accept the obliging SIGNATURE (Registered Agent Accepting Appointment	e or registered agent, or both, in the State of ations of section 620.192, Florida Statutes.	med limited partnershi Florida. Such change v	was authorized by its general partner(s). I her	the State of Florida, submits this statement reby accept the appointment of registered	
for the purpose of changing its registered office agent. I am familiar with, and accept the obligit SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAT	e or registered agent, or both, in the State of ations of section 620.192, Florida Statutes.	med limited partnership Florida. Such change v	was authorized by its general partner(s). I her  DATE  ARTNERSHIP OR OTHE	the State of Florida, submits this statement reby accept the appointment of registered	
for the purpose of changing its registered office agent. I am familiar with, and accept the obligit SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAT	e or registered agent, or both, in the State of ations of section 620.192, Florida Statutes.	med limited partnership Florida. Such change v	was authorized by its general partner(s). I her  DATE  ARTNERSHIP OR OTHE	the State of Florida, submits this statement reby accept the appointment of registered	
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for the purpose of changing its registered office agent. I am familiar with, and accept the obliging SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAT MU  11. Name(s) of General Partner(s)	ations of section 620.192, Florida Statutes.  AT IS A CORPORATION JST BE REGISTERED A  Address of Each Ger (Do NOT Use Post Office	LIMITED PARTINE ND ACTIVE PERALPERALPE PERALPE	DATE ARTNERSHIP OR OTHE WITH THIS OFFICE.  1b. City, State & Zip Code  INDIANAPOLIS IN 46220	he State of Florida, submits this statement reby accept the appointment of registered ER BUSINESS ENTITY  11c. Registration/Document Number	
for the purpose of changing its registered office agent. I am familiar with, and accept the obliging SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAT MU.  11. Name(s) of General Partner(s)	ations of section 620.192, Florida Statutes.  AT IS A CORPORATION JST BE REGISTERED A  Address of Each Ger (Do NOT Use Post Office	LIMITED PARTINE ND ACTIVE PERALPERALPE PERALPE	DATE ARTNERSHIP OR OTHE WITH THIS OFFICE.  1b. City, State & Zip Code  INDIANAPOLIS IN 46220	he State of Florida, submits this statement eby accept the appointment of registered  ER BUSINESS ENTITY  11c. Registration/Document Number  F96000003496	

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of

Tohn A. Kito

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