

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 SEP 15 AM 9:49</p> 	
1. Name of Limited Partnership CORAL REEF HOLDINGS LIMITED PARTNERSHIP		1a. DOCUMENT # B97000000200			
Mailing Address 8555 UNITED PLAZA BLVD., SUITE 500 BATON ROUGE LA 70809		Principal Office Address 8555 UNITED PLAZA BLVD., SUITE 500 BATON ROUGE LA 70809		3. Date Formed or Registered 04/25/1997	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 4. State or Country of Formation LA	
5a. Capital Contributions as Shown on record. \$99,000.00		5b. Amount of Capital Contributions in FLORIDA to date.		6. FEI Number 72-1365702	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 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) CAPITOL RESOURCE STRATEGIES, INC ATTN: STEVE E. HICKS PRESIDENT	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8555 UNITED PLAZA BLVD SUITE 500	11b. City, State & Zip Code BATON ROUGE LA 70809	11c. Registration/Document Number F97000002203
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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 for 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 Steve E. Hicks, President DATE 9-8-97
 Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number 504-231-2099

CR2E003 (6/97)