

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 SEP 29 PM 12:02

<b>1.</b> Name of Limited Partnership  THE RSG FAMILY LIMITED PARTNERSHIP	<b>1a.</b> DOCUMENT # <b>B97000000226</b>
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<b>2.</b> Mailing Address 850 S. COLLIER BLVD., UNIT 1701 MARCO ISLAND FL 34145	<b>2a.</b> Principal Office Address 77 WEST WASHINGTON ST., SUITE 1119 CHICAGO IL 60602	<b>3.</b> Date Formed or Registered 05/15/1997	<b>5a.</b> Capital Contributions as Shown on record. \$280.00
<b>3a.</b> Date of Last Report	<b>4.</b> State or Country of Formation IL	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date. 280.00	
<b>6.</b> FEI Number 31 398 4460	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
<b>7.</b> Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)		


<b>9. Name and Address of Current Registered Agent</b> GLAS, RONALD 850 S. COLLIER BLVD., UNIT 1701 MARCO ISLAND FL 34145
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<b>10. If changed, now Registered Agent/Office</b> 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GLAS, RONALD	850 S. COLLIER BLVD.,	MARCO ISLAND FL 34145	 100002309421-1 -10/01/97--0113-010 ****156.25 ****156.25

**No, 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  DATE 9/2/97

Typed or Printed Name of General Partner Signing Form **Ronald L. Glas** Daytime Telephone Number **941 642 3953**

CR2E003 (6/97)