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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

empowered to execute this report as refin

Typed or Printed Name of General Partner Signing Form

SIGNATURE

ed by chapter 620, Florida Statutes



FLORIDA DEPARTMENT OF STATE

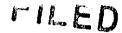
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

na. DOCUMENT # **B97000000288**

ORI ANDO-HIAWASSEE PARTNERS LTD



97 SEP 22 PM 3: 04

SECRETARY OF STATE TALLAHASSEE FLORIDA

DATE 9-18-97

Daytime Telephone Number 334-365-9058

Principal Office Address 250 WASHINGTON ST. PRATTVILLE AL 36087 28. Principal Office Address Suite, Apt. #, etc. City & State Zip	Country Name	3. Date Formed or Registered 06/11/1997 3a. Date of Last Report 4. State or Country of Formation AL 6. FEI Number 72~1376359 7. Certificate of Status Desired 8. Make check payable to: Dept. of	58. Capital Contributions as Shown on record. \$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee Informational Agent/Office	
PRATTVILLE AL 36067 28. Principal Office Addr Suite, Apt. #, etc. City & State Zip	Country Name	3a. Date of Last Report 4. State or Country of Formation AL 6. FEI Number 72-1376359 7. Certificate of Status Desired 8. Make check payable to: Dept. of	5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee Information	
28. Principal Office Addr Suite, Apt. #, etc. City & State	Country Name	4. State or Country of Formation AL 6. FEI Number 72-1376359 7. Certificate of Status Desired 8. Make check payable to: Dept. of	Applied For Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee Information	
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City & State	Name	6. FEI Number 72~1376359 7. Certificate of Status Desired 8. Make check payable to: Dept. of	Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee Information	
Zip	Name	7. Certificate of Status Desired 8. Make check payable to: Dept. of	Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee Information	
	Name	8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee Information	
surrent Registered Agent				
urrent Registered Agent		10. If changed, now Registere	d Agent/Office	
			/	
		Street Address (P.O. Box Number Is Not Acceptable)		
	Suite, Apl. #, etc.	- And	} /0	
		City Zip Code		
fice or registered agent, or both, in the Stat igations of section 620:192, Florida Statute:	te of Florida. Such change w	vas authorized by its general partner(s). I her	eby accept the appointment of registere	
IAT IS A CORPORATIO	ON, LIMITED PA	ARTNERSHIP OR OTHE		
11a. Address of Each	General Partner Office Box Numbers)	1b. City, State & Zip Code	11c. Registration/ Document Number	
NEWTON OLDACRE MCDONALD, L.L.C. 250 WASHINGTON ST.		PRATTVILLE AL 38067 500002 -03/26	M9700000334 3046951 73701064007 156.25 ****156.25	
	ince or registered agent, or both, in the Stategations of section 620 192, Florida Statute AAT IS A CORPORATIO UST BE REGISTERED 11a. (Do NOT Use Post O	D51 and 620 192, Florida Statutes, the above-named limited partnershiftee or registered agent, or both, in the State of Florida. Such change vigations of section 620 192, Florida Statutes. HAT IS A CORPORATION, LIMITED PARTIES BEREGISTERED AND ACTIVE 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	DS1 and 620. 192, Florida Statutes, the above-named limited partnership organized or registered under the taws of the fice or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). The regations of section 620.192, Florida Statutes. DATE HAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER STATE BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 250 WASHINGTON ST. PRATTVILLE AL 36067	

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

Thomas E. Newton, President

Corporations from any liability of non-companies 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