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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

SHOTTENKIRK PARTNERSHIP, L.P.



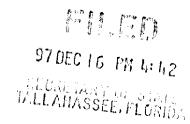
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **B9700000310**



|--|--|

18/2/1

				# 1/		
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
619 TENTH STREET	619 TENTH STREET			06/17/1997	****	
FORT MADISON IA 52627	FORT MADISON IA 52627			3a. Date of Last Report	\$20,000.00	
					5b. Amount of Capital Contributions in FLORIDA	
				4. State or Country of Formalion	Contributions in FLORIDA to date:	
2. Mailing Address	28. Principal Office Addres	SS			400 000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FE! Number	\$20,000.00	
					Applied For	
City & State	City & State			39-1893513	Not Applicable	
Zip Country		Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of	State (See reverse side for foe information	
9. Name and Address of Current Registered Agent			10. If changed, now Registered Agent/Office			
	7777114 841.10	Name	TO, The stages of the segment of the			
SHOTTENKIRK, GREGORY J		iress (P.O. B	lox Number Is Not Acceptable)			
3729 CEYLON DRIVE						
GULF BREEZE FL 32561		Suile, Apt. #, et		1, etc.		
		City			FL Zip Code	
for the purpose of changing its registored office agent. I am familiar with, and accept the obligat SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	ions of section 620.192, Florida Statutes	I. LIMITEC) PART	DATE:		
11. Name(s) of General Partner(s)	Address of Each Go		11b.	City, State & Zip Code	11c. Registration/	
	(Do NOT Use Post Onic	ce Box Mnumers)	1101		Document Number	
SHOTTENKIRK PROPERTIES, INC.	619 TENTH STREET	619 TENTH STREET		rt madison ia 52627	F97000003221	
					3821858 9701059010 3.75 ****243.75	
Note: General partners MAY NO	OT be changed on this fo	orm: an am	endme	nt must be filed to cha	nge a general partner.	

SIGNATURE ..

Shottenkirk Properties, Inc.

DATE: 12-9-97

Typed or Printed Name of Gonoral Parliner Signing Form . Gregory J. Shottenkirk, Pres Daytime Telephone Number. (319) 372-6880

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 exemption 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 came logal effects as if made under each. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as regulated by chapter 520.

72/11/203 (5/3/