

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 22 PM 3:16



1. Name of Limited Partnership

1a. DOCUMENT #
B97000000312

GUARANTEE PROPERTIES LIMITED PARTNERSHIP

Mailing Address

12220 BROOKSHIRE PARKWAY
CARMEL IN 46033

Principal Office Address

12220 BROOKSHIRE PARKWAY
CARMEL IN 46033

3. Date Formed or Registered

06/18/1997

5a. Capital Contributions as Shown on record.

\$45.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

IN

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

35-1755060

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

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, hereby 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)

ARMSTRONG, G. WILLIAM
ARMSTRONG, LINDA D

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

12220 BROOKSHIRE PARK
12220 BROOKSHIRE PARK

11b. City, State & Zip Code

CARMEL IN 46033
CARMEL IN 46033

11c. Registered Document

dec

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 Corporation 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 in 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 and am empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *G. William Armstrong*

DATE 9-8-97

Typed or Printed Name of General Partner Signing Form G. WILLIAM ARMSTRONG Daytime Telephone Number 317-848-6040