

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

FILED

97 DEC 16 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership NEWTON PARTNERS, LP	1a. DOCUMENT # B97000000328
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12/18

2. Mailing Address 4460 BATON ROUGE DR HERMITAGE TN 37076	2a. Principal Office Address 4460 BATON ROUGE DR HERMITAGE TN 37076
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3. Date Formed or Registered 06/30/1997	5a. Capital Contributions as Shown on record \$10,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation TN	
6. FEI Number 62-1530204	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent VAUGHAN, NANCY F 510 VONDERBURG DR., SUITE 3002 BRANDON FL 33511	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 210 South Parsons Ave., Suite, Apt. #, etc. Suite 12 City Brandon FL Zip Code 33511
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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) *Nancy J. Vaughan* DATE *12/9/97*

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
FINLEY, JAMES N	4460 BATON ROUGE DRIV	HERMITAGE TN 37076	400002378264--8 -12/19/97--01092--032 ****173.75 ****173.75

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 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 *James Finley* DATE *12/9/97*
 Typed or Printed Name of General Partner Signing Form *James N. Finley* Daytime Telephone Number *615-889-6088*

CR2E003 (6/97)