

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
* AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000006748 (4)

1. Corporation Name
SUMMERWALK GP, INC.

Principal Place of Business

PO BOX 1089
GREENVILLE SC 22301

Mailing Address

PO BOX 1089
GREENVILLE SC 22301



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1997

4. FEI Number

APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE

NAME JARRARD, WILLIAM H JR
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-STATE-ZIP GREENVILLE SC 29601

TITLE VS [] DELETE

NAME LINES, JOHN K
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-STATE-ZIP GREENVILLE SC 29601

TITLE VT [] DELETE

NAME URETTA, RONALD
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-STATE-ZIP GREENVILLE SC 29601

TITLE AS [] DELETE

NAME BUECHLER, KELLEY M
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-STATE-ZIP GREENVILLE SC 29601

TITLE C [] DELETE

NAME LONG, MARTHA L
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-STATE-ZIP GREENVILLE SC 29601

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

[] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

LEBEY, DANIEL

[X] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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-07/27/98--01041--015
***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent, or a duly authorized person to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached statement with my address.

SIGNATURE:

7/16/98

864-239-1000

0112872

CR2E034 (5/98)



*Insignia Financial Group, Inc.*SM

ONE INSIGNIA FINANCIAL PLAZA • P.O. BOX 1089
GREENVILLE, SOUTH CAROLINA 29602
(864) 239-1000

Ypgd

July 9, 1998

Ms. Sandra Mortham
Secretary of State
Annual Reports Filings
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Ms. Mortham:

Last July 7, 1998, I received the 1998 Profit Corporation Annual Report packets for 32 entities controlled by Insignia Financial Group, Inc. Each form indicated that it was a second notice and as such imposed a \$400 penalty.

Please be informed that I did not receive the first notice for these entities. The parent company, Insignia Financial Group, Inc. has over two hundred entities that comprise its corporate structure. Each of these entities has multi-state filing requirements. Due to the complexities of our corporate structure, the receipt of the appropriate forms issued by the state governments mostly prompts compliance with these filing requirements. I had no intention of ignoring such requirements.

In view of this, I respectfully request abatement from the penalty. I assure you that efforts will be made to better monitor receipt of these forms. Please find attached a copy of the completed Annual Report for Sumerwalk GP, Inc. and a check for \$150.00 representing its annual fee.

Thank you for your kind attention.

Very truly yours,

Anthony J. DeCredico
Budget & Tax Director