

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 12 PM 12:09

1. Name of Limited Partnership	1a. DOCUMENT # B95000000062
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RER RESOURCES LIMITED PARTNERSHIP

Mailing Address 950 HERNDON PKWY. STE. 200 HERNDON VA 22070	Principal Office Address 950 HERNDON PKWY. STE. 200 HERNDON VA 22070	3. Date Formed or Registered 02/22/1995	5a. Capital Contributions as Shown on record. \$990.00
		3a. Date of Last Report 01/06/1997	5b. Amount of Capital Contributions in FLORIDA to date: 990
		4. State or Country of Formation VA	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 54-1752367	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent HOLLOWELL, RICHARD 927 CLINT MOORE ROAD BOCA RATON FL 33487	10. If changed, new Registered Agent/Office
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City FL 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, 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) RER NEW RESOURCES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 950 HERNDON PKWY., ST	11b. City, State & Zip Code HERNDON VA 22070	11c. Registration/Document Number F95000000883
900002409589--6 -01/22/98--01125--016 ****156.25 ****156.25			

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 Chrl DATE 1/9/98
 Typed or Printed Name of General Partner Signing Form Christopher Kallivokas, Chairman
RER New Resources Inc. its GP Telephone Number _____

CR2E003 (6/97)