FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1	Nama	10	Limitod	Partnership
	name	Oι	Limited	Partnership

SIGNATURE

Eustis Homes 300 W. Dixie Ave Leesburg Fl 347

DOCUMENT#

A05595

W12/17

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 13 AM 10: 45

__ DATE 12-11-96

_____ Daytime Telephone Number 213/687-8400

Leesburg, fl. 34746									
Mailing Address	Principal Office Address		3. Date Formed or Registered Feb 1977 38. Date of Last Report	5a. Capital Contributions as Shown on record. 168,000					
300 W. Dixie Ave Leesburg, Fl 34748			1995	5b. Amount of Capital					
			4. State or Country of Formation	Contributions in FLORIDA to date:					
Address	2a. Principal Office Address		Lake						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For					
City & State	City & State	·	62-1035687	Not Applicable					
			7. Certificate of Status Desired	\$8.75 Additional					
Zip Country	Country Zip Country		Make check payable to Dept. of	Fee Required State (See reverse side for fee information)					
			10,						
9, Name and Address of Current Re	egistered Agent	10. If changed, new Registered Agent/Office							
		Name							
Flora Jo Haber		Street Address (P.O. Box Number Is Not Acceptable)							
300 W. Dixie Ave		Suite, Apt. #, etc.							
Leesburg, Fl. 34748		City	Zip Code						
		Oily		FL 2000					
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)									
MUST	BE REGISTERED AN	D ACTIVE WI	TH THIS OFFICE.						
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner x Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number					
James Alexander	523 W Sixth St		Angles, Ca 900	14 20320527 3/9601023007 585.00 ****585.00					
Note: General partners MAY NOT L 12. I do hereby certify that the information supplied with this	filing is voluntarily furnished and does no	qualify for the exemption	ent must be filed to cha	ange a general partner. Statules: 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.									

Hefander

Typed or Printed Name of General Partner Signing Form ______ James Alexander