

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT -8 PM 1:30



1. Name of Limited Partnership L-3, LTD.		1a. DOCUMENT # A22509		3. Date Formed or Registered 05/08/1986	5a. Capital Contributions as Shown on record \$330.00
Mailing Address C/O WINDERWEEDLE, HAINES, WARD & WOODMAN 250 PARK AVE. S. -5TH FLOOR WINTER PARK FL 32789		Principal Office Address C/O WINDERWEEDLE, HAINES, WARD & WOODMAN 250 PARK AVE. S. -5TH FLOOR WINTER PARK FL 32789		3a. Date of Last Report 10/05/1995	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation FL	6. FEI Number 59-2671165	
Suite, Apt #, etc.	Suite, Apt #, etc.		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State	City & State		8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent RANDOLPH J. RUSH 250 PARK AVE. S. -5TH FLOOR WINTER PARK FL 32789		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt #, etc.	
		City	Zip Code FL

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
LANGBERG, SAMUEL	10114 EMPYREAN WAY, # 201	LOS ANGELES CA	

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 *Samuel Langberg* DATE **9/30/96**
 Typed or Printed Name of General Partner Signing Form **SAMUEL LANGBERG** Daytime Telephone Number **310-556-0408**

CR2E003 (6/96)