

**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 -1 PM 1:56



1. Name of Limited Partnership NORBOURNE ESTATES LTD.		1a. DOCUMENT # A26783	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
Mailing Address 2509 PLANTSIDE DR. LOUISVILLE KY 40299		Principal Office Address 2509 PLANTSIDE DR. LOUISVILLE KY 40299	

3. Date Formed or Registered 07/25/1988	5a. Capital Contributions as Shown on record \$398,795.00
3a. Date of Last Report 06/03/1996	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 59-3011812	☐ Applied For ☒ Not Applicable
7. Certificate of Status Desired	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SIMMONS, ANNETTE 37 BROOK CIRCLE LEESBURG FL 34748	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 4000 WILSON BLVD -10/03/95-01047-000 \$444,505.00 FL
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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)

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) FULKERSON, T J NELSON, STEVE W	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9239 LAZY LANE 2509 PLANTSIDE DR.	11b. City, State & Zip Code TAMPA FL 33614 LOUISVILLE KY 40299	11c. Registration/Document Number 104
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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

DATE **SEP 23, 1996**

Typed or Printed Name of General Partner Signing Form

T. J. FULKERSON

Daytime Telephone Number

502-499-9915

CR2E003 (6/96)