

**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 NOV 25 AM 10:32

LR
12/4

1. Name of Limited Partnership

1a. DOCUMENT #
A32236

THE BOOTHBY FAMILY LIMITED PARTNERSHIP



Mailing Address
**% KELLY, PRICE, SIKET & HEUERMAN
2640 GOLDEN GATE PARKWAY
NAPLES FL 33942**

Principal Office Address
**% KELLY, PRICE, SIKET & HEUERMAN
2640 GOLDEN GATE PARKWAY
NAPLES FL 33942**

3. Date Formed or Registered
11/18/1991

5a. Capital Contributions as Shown on record
\$434,379.12

3a. Date of Last Report
12/12/1995

5b. Amount of Capital Contributions in FLORIDA to date:
\$ 455,445.00

4. State or Country of Formation
FL

6. FEI Number
65-0312488

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)

2. Mailing Address

2a. Principal Office Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

**KELLY, CHARLES M., JR.
% KELLY, PRICE, SIKET & HEUERMAN
2640 GOLDEN GATE PARKWAY
NAPLES FL 33942**

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, etc.
City
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)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registry/ Document Number

THUN, BARBARA B.

67 EVANS HILLS ROAD

SINKING SPRING PA

BOOTHBY, DAVID D.

874 SOUTH 5TH STREET

COLUMBUS OH

BOOTHBY, WILLIAM F.

4028 PEBBLE BEACH DR.

NIWOT CO

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

Barbara B. Thun

DATE **11/20/96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)