

**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 DEC 20 PM 4: 04



1. Name of Limited Partnership

1a. DOCUMENT #
A32854

THE HIDEAWAY MARINA LIMITED PARTNERSHIP

<p>Mailing Address ATTN: PIERRE GAUDREAU 599 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33062</p>		<p>Principal Office Address ATTN: PIERRE GAUDREAU 599 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33062</p>		<p>3. Date Formed or Registered 04/17/1992</p>	<p>5a. Capital Contributions as Shown on record \$792,000.00</p>
<p>2. Mailing Address c/o ADAM S. GUMSON, ESQ. JUPITER LAW CENTER Suite, Apt. #, etc. Suite 30 6390 Indiantown Road Jupiter, FL 33458</p>		<p>Principal Office Address Suite, Apt. #, etc. City & State Zip Country</p>		<p>3a. Date of Last Report 12/04/1995</p>	<p>5b. Amount of Capital Contributions in FL ORIDA to date:</p>
<p>Zip Country</p>		<p>4. State or Country of Formation FL</p>		<p>6. FEI Number 65-0325163</p> <p><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p>	
<p>Zip Country</p>		<p>Zip Country</p>		<p>7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</p>	<p>8. Make check payable to Dept. of State (See reverse side for fee information)</p>

<p>9. Name and Address of Current Registered Agent</p> <p>GUMSON, ADAM S. ESQ. CHASEWOOD PLAZA-SUITE 30 6390 INDIANTOWN ROAD JUPITER FL 33458</p>	<p>10. If changed, now Registered Agent/Office</p> <p>Name</p> <p>Street Address (P.O. Box Number Is Not Acceptable)</p> <p>Suite, Apt. #, etc.</p> <p>City</p> <p>FL Zip Code</p>
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10a. Pursuant to the provisions of sections 620.1061 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.**

<p>11. Name(s) of General Partner(s)</p> <p>THE HIDEAWAY MARINA, INC.</p>	<p>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</p> <p>599 S. FEDERAL HIGHWA</p>	<p>11b. City, State & Zip Code</p> <p>POMPANO BEACH FL</p>	<p>11c. Registration/Document Number</p> <p>V21204 600002046826--4 -01/06/97--01036--001 *****576.25 *****576.25</p> <p>12-27</p> <p>600002046826--4 -01/06/97--01036--002 *****8.75 *****8.75</p>
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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 20, Florida Statutes.

SIGNATURE *Revere Sanchez* DATE *12/13/96*

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)