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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

FLORIDA PANTHERS HOCKEY CLUB, LTD.



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE .

Typed or Printed Name of General Partner Signing Form

a. DOCUMENT # A92000000102 SECRETARY OF STATE DIVISION OF CORPORATIONS

95 DEC 31 PH 2:01



Mailing Address  200 S. ANDREWS AVE., 6TH FLOOR FT. LAUDERDALE FL 33301	Principal Office Address 200 S. ANDREWS AVE., 6TH F FT. LAUDERDALE FL 33301	LOOR	3. Date Formed or Registered 12/02/1992	Shown on record.	
The broad state of the state of	The Distribute Te stage	TI. ENODERDALE TE SSSOI		5b. Amou	int of Capital buttons in FLORIDA
2. Mailing Address 2a. Principal Office Ad			4. State or Country of Formation	100.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable	
City & State	City & State	City & State		\$8.75 Additional	
Zip Country	Zip	Zip Country  8. Make check payable to: Dept. o		f State (See rev	Fee Required erse side for fee informatio
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
AMERICAN INFORMATION SERVICES, INC.		Name			
1 SE 3RD AVE., 28TH FLOOR MIAMI FL 33131		Street Address (P.O. Box Number Is Not Acceptable)			
MIAMI FL 33131			etc		
MIAMI FL 33131		Suite, Apt. #, e	etc.		
MIAMI FL 33131			etc.	FL	Zip Code
10a. Pursuant to the provisions of sections 6 for the purpose of changing its registern agent. Lam familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoint		Suite, Apt. #, e City  med limited partners Florida Such change	ship organized or registered under the laws of t e was authorized by its general partner(s). The DATE	he State of Flor reby accept the	ida, submits this statemen appointment of registered
10a. Pursuant to the provisions of sections 6 for the purpose of changing its registern agent. Lam familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoint	ed office or registered agent, or both, in the State of a obligations of section 620 192. Florida Statutes.  THAT IS A CORPORATION, MUST BE REGISTERED A	Suite, Apt. #, e City  med limited partners Florida Such change  LIMITED F  ND ACTIVE	ship organized or registered under the laws of t e was authorized by its general partner(s). I her DATE	he State of Flor reby accept the	ida, submits this statemen appointment of registered
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10a. Pursuant to the provisions of sections 6 for the purpose of changing its registers agent. Lam familiar with, and accept the Signature (Registered Agent Accepting Apport A GENERAL PARTNER  11. Name(s) of General Partner(s)	od office or registered agent, or both, in the State of a obligations of section 620 192. Florida Statules.  THAT IS A CORPORATION, MUST BE REGISTERED A Address of Each Gen 11a. (Do NOT Use Post Office	Suite, Apt. #, e  City  med limited partners Florida Such change  LIMITED F  ND ACTIVE  eral Partner Box Numbers)	ship organized or registered under the laws of the was authorized by its general partner(s). I here the was authorized by its general partner(s). I here the with the partners of the with this office.  1 DODO 2 -01/07	he State of Floreby accept the ER BUSI	NESS ENTITY Registration/ Document Number

12. I do hereby contrly 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 gath. Hurther certify that I am a General Partner of the limited partnership, receiver or trustee

Daytime Telephone Number

0005132