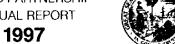
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership



ADRON ARROCHATER LTD

FILED 96 OCT 30 PH 2: 34

STORETARY OF STATE TO LAHASSEE, FLORIDA



| Mailing Address 5020 TAMIANI TRAIL NORTH, SUITE 200 | | Principal O'lice Address 5020 TAMIAMI TRAIL NORTH. SUITE 200 NAPLES FL | | ered 5a. Cap Short | 5a. Capital Contributions as Shown on record | |
|--|--|---|--|--|---|--|
| NAPLES FL | NAPLES FL | | | 3a. Date of Last Report 10/02/1995 5b. Amount of Capital Contributions in Fa OHIDA | | |
| | | | 4. State or Country of For | Con to d | tr butions in Fa ORIDA | |
| 2. Mailing Address | 2a. Principal Office Addre | 2a. Principal Office Address | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | Applied For Not Applicable | |
| City & State | City & State | | 7. Certificate of Status Do | sired | \$8.75 Additional | |
| ^{Z_{IP}} 34/0 3 Country | Zip 34103 | Country | 8. Make check payable to | Fee Required 8. Make check payable to Dept of State (Sec reverse side for fee information | | |
| | | | 10 Hobarded car | Registered Agent/Office | Δ | |
| 9. Name and Address of Current Registered Agent BETZ, PETER G | | 10. If changed, new Registered Agent/Office Name | | | | |
| 5020 TAMIAMI TRAIL NORTH, SUITE 200 | | Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. | | | | |
| NAPLES FL 33940 | | Suite, Apt #, etc | -] | 1706796- 11 | ini 9-1004 | |
| | | City | | ***181.25 | FL | |
| 10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligations of the obligations of the purpose of the purp | or registered agent, or both, in the State ions of section 620 192 Florida Statutes | of Florida Such change i | o organized or registered under the as authorized by its general partni | e laws of the State of Fit or(s). I hereby accept to | rida, submits this statement ic appointment of reg stered | |
| for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the change of the state of the purpose of the purpose of the purpose of the state | or registered agent, or both, in the State ions of section 620 192 Florida Statutes T IS A CORPORATIO | e of Florida Such change of the | as authorized by its general partners. | e laws of the State of Fix or(s). I hereby accept to DATE | e appointment of reg stered | |
| tor the purpose of changing its registered office agent. I am familiar with, and accept the obligate SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA | or registered agent, or both, in the State ions of section 620 192 Florida Statutes | N, LIMITED PA | as authorized by its general partners. | DATE DTHER BUS | INESS ENTITY | |
| for the purpose of changing its registered office agent. I am familiar with, and accept the obligate SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA MU | or registered agent, or both, in the State ions of section 620 192 Florida Statutes T IS A CORPORATIO ST BE REGISTERED | N, LIMITED PAND ACTIVE General Partner ffice Box Numbers) | ARTNERSHIP OR O | DATE DATE BUSE. | INESS ENTITY Registration/ | |
| tor the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the state of the state of the obligation of the state of the obligation of the state of the st | OT be changed on this th this filing is voluntarily furnished and with Section 119 Of 30,73 (k) in the event this section 120, Figrica Statutes OT be changed on this change is the same logal efficiency of the same log | Form; an amen does not qualify for the exat the information supplied acts as if made under out. | ARTNERSHIP OR COMMITH THIS OFFICE Ib. City State & Zip Code NAPLES FL 33940 Siment must be filed inplied stated in Section 119 07(3) is decried exempt from public acc. | DATE DATE TO Change a (k), Florida Statuted I Partner of the limited in Partner of the limited i | INESS ENTITY Registration/ Document Number P93000007504 general partner. Itease the Division of the information indicated or anthership, receiver or trusto | |
| tor the purpose of changing its registered office agent. I am familiar with, and accept the obligate SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA MU 11. Name(s) of General Partner(s) ARGON RESEARCH CORPORATION A Note: General partners MAY N 12. I do hereby certify that the information supplied we have a significance. | OT be changed on this th this filing is voluntarily furnished and with Section 10 07 13 0 | Form; an amen does not qualify for the exat the information supplied acts as if made under out. | ARTNERSHIP OR OWITH THIS OFFICE Ib. City State & Zip Code NAPLES FL 33940 Idment must be filed Implied stated in Section 119 07(3) is decribed exempt from public accurate and a General Control of the Control of t | DATE DATE TO Change a (k), Florida Statuted I Partner of the limited in Partner of the limited i | INESS ENTITY Registration/ Document Number P93000007504 general partner. Itease the Division of the information indicated or anthership, receiver or trusto | |