


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

**FILED**

97 JAN -6 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Plus*

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>1. Name of Limited Partnership</b>  PORTA MANGROVE, LTD.		<b>1a. DOCUMENT #</b> <b>A93000000831</b>



<b>Mailing Address</b> C/O J. BOB HUMPHRIES, ESQUIRE 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 34624	<b>Principal Office Address</b> 17755 U.S. 19 NORTH, SUITE 350 CLEARWATER FL 34624	<b>3. Date Formed or Registered</b> 08/10/1993	<b>5a. Capital Contributions as Shown on record.</b> \$483,000.00
		<b>3a. Date of Last Report</b> 01/02/1996	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> 483,000
		<b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b> 17757 US 19 N Suite, Apt. #, etc. Ste 350 City & State Clearwater, FL Zip Country 34624 Pinellas	<b>2a. Principal Office Address</b> 17757 US 19 N Suite, Apt. #, etc. Suite 350 City & State Clearwater, FL Zip Country 34624 Pinellas	<b>6. FEI Number</b> 59-3195455 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b> WOHLWEND, BETH C/O WESTFALIA REALTY, INC. 17757 US 19 NORTH STE #350 CLEARWATER FL 34624	<b>10. If changed, new Registered Agent/Office</b> Name: <i>Bernhard Assies</i> Street Address (P.O. Box Number Is Not Acceptable): Suite, Apt. #, etc.: City: _____ FL Zip Code: _____
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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) *B. Mortham* DATE *12/23/96*

**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. Registration/ Document Number
PORTA HOLDINGS II, INC.	17755 U.S. 19 NORTH,	CLEARWATER FL 34624	P93000056239
500002062545--0 -01/17/97--01120--018 ****585.00 ****585.00			

**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 *Scott Makela* DATE *12/23/96*  
 Typed or Printed Name of General Partner Signing Form *Scott Makela* Daytime Telephone Number *(813) 535-7999*

CR2E003 (6/96)