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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



THE SHOEMAKER FAMILY LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A94000000085

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 NOV 25 AM 9: 34



				300002 -12/06 ****2	022: 7960 201.75	3639 1076005 ****201.75	
SHOEMAKER, KATHERINE P	1360 E. VENICE AVE.	1360 E. VENICE AVE.		FL 34285 34292			
11, Name(s) of General Partner(s)	11a. (Do NOT Use Post Office			City, State & Zip Code	11c.	Registration/ Document Number	
A GENERAL PARTNER T	HAT IS A CORPORATION MUST BE REGISTERED A	, LIMITED ND ACTIV	PARTNE E WITH	RSHIP OR OTHE	R BUSI	NESS ENTITY	
	l office or registered agent, or both, in the State of obligations of section 620 192, Florida Statules	amed limited partne Florida. Such chan	rship organized o	or registered under the laws of the down	eby accept the	ida, submits this statement appointment of registered	
10a Durguant to the recovered enchance CO	City			FL	Zip Code		
VENICE FL 34292		Suite, Apt #, etc.					
1360 E. VENICE AVE.	Street Address (P.O. Box Number Is Not Acceptable)						
9. Name and Address of Current Registered Agent SHOEMAKER, DAVID W			Name				
9 Name and Address o	/ Current Registered Agent		1	0. If changed, new Registere	d ApostiOHiso		
Zip Country	Zip	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)			
City & State City & State			7. Certificate of Status Desire				
Suite, Apt #, etc	Suite. Apt. #, etc.			FEI Number 65-0455676	Applied For Not Applicable		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation		to date: \$9000.00		
VERWOE PL 34282	VENICE FL 34292		3a	Date of Last Report 01/08/1996	5b. Amor	unt of Capilal ibutions in FLORIDA	
1360 E. VENICE AVE. VENICE FL 34292	1360 É. VENICE AVE.			01/19/1994		\$9,000.00	
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	

CR2E003 (6/96)

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 filling 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 accordate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or truste
	empowered to execute the report as required by chapter \$0.0 Florida Statutes.

Typed or Printed Name of General Partner Signing Form KATHERINE P. SHOEMAKER Daytime Telephone Number