

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

0300 1000

96 DEC 17 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000744

FOWLER GROVES LIMITED PARTNESHIP



12/26

Mailing Address
P.O. BOX 770494
WINTER GARDEN FL 34787

Principal Office Address
1631 COUNTY ROAD 535
WINTER GARDEN FL 34787

3. Date Formed or Registered
05/31/1994

5a. Capital Contributions as
Shown on record
\$7,240,195.00

3a. Date of Last Report
12/04/1995

5b. Amount of Capita
Contributions in FLORIDA
to date

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
59-3243583

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip Country

Zip Country

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**RUBINO, NICHOLAS J
RUBINO & ASSOCIATES, P.A.
535 VERSAILLES DRIVE, SUITE 150
MAITLAND FL 32751**

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City **FL** Zip Code

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)

DATE

**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

**FOWLER, ISABEL T
BEKEMEYER, STEPHEN H**

**1631 COUNTY ROAD 535
1625 COUNTY ROAD 535**

**WINTER GARDEN FL 3477
WINTER GARDEN FL 3477**

**500002039545--0
-12/27/96--01073--010
****576.25 ****576.25**

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

Stephen H. Bekemeyer
Stephen H. Bekemeyer

DATE

12/11/96
Daytime Telephone Number **407/656-5866**

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/96)