

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 31 AM 9:20

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1. Name of Limited Partnership
KNULL - WILLS, LTD.

1a. DOCUMENT #
A94000001700



Mailing Address 749 NORTH MANASOTA KEY ROAD ENGLEWOOD FL 34223	Principal Office Address 749 NORTH MANASOTA KEY ROAD ENGLEWOOD FL 34223	3. Date Formed or Registered 12/14/1994	5a. Capital Contributions as Shown on record \$657,142.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/18/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$657,142.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0542471 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent BAND, DAVID S 240 SOUTH PINEAPPLE AVE., TENTH FLOOR SARASOTA FL 34238	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 100002051021--9 Suite, Apt. #, etc. -01/08/97--01037--010 City FL Zip Code ****576.25 ****576.25
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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) _____ 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
KNULL, WILLIAM H JR.	5525 YORKTOWN BLVD.	ARLINGTON VA 22207	
KNULL, WILLIAM H., JR TRUSTE	5525 YORKTOWN BLVD.	ARLINGTON VA 22207	
KNULL, WILLIAM H III	406 FALL RIVER ROAD	HOUSTON TX 77024	
KNULL, KENNETH M	16 EDGEWATER CIRCLE	SACO ME 04072	
WILLS, CARROLL JEANNE	4138 N.W. 31ST TERRAC	GAINESVILLE FL 32605	

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 670, Florida Statutes.

SIGNATURE *William H. Knully, Jr.* DATE *Dec. 23, 1996*

Typed or Printed Name of General Partner Signing Form **WILLIAM H. KNULL, JR.** Daytime Telephone Number **702/536-5115**

CR2E003 (6/96)