

**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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB -6 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership SISBROS, LTD.	1a. DOCUMENT # A95000000661 <i>97-AR CM</i>
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Mailing Address % GARACIA ENTERPRISES, INC. 7243 BRYAN DAIRY ROAD LARGO FL 34647	Principal Office Address % GARACIA ENTERPRISES, INC. 7243 BRYAN DAIRY ROAD LARGO FL 34647
2. Mailing Address <i>15950 Bay Vista Dr. Suite 250 Clearwater, FL 34620</i>	2a. Principal Office Address <i>15950 Bay Vista Dr. Suite 250 Clearwater, FL 34620</i>

3. Date Formed or Registered 04/24/1995	5a. Capital Contributions as Shown on record. - \$400.00
3a. Date of Last Report 12/21/1995	5b. Amount of Capital Contributions in FLORIDA to date. \$40,000.00
4. State or Country of Formation FL	6. FEI Number APPLIED FOR 39-3310487 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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)

9. Name and Address of Current Registered Agent GARCIA, MARTIN L ESQUIRE 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA FL 33602	10. If changed, new Registered Agent/Office Name 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) _____ 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
SISBROS, INC.	7243 BRYAN DAIRY ROAD 15950 Bay Vista Dr. Suite 250	LARGO FL 34647 Clearwater, FL 34620	P95000032758

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****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 *Martin L. Garcia* DATE *12/13/96*
Typed or Printed Name of General Partner Signing Form *Martin L. Garcia* Daytime Telephone Number *(813) 825-0772*

CR2E003 (6/96)