

**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

95 OCT -4 AM 9:25

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000000947**



**JEMM FAMILY LIMITED PARTNERSHIP**

Mailing Address

C/O LEYOTT CORPORATION  
P.O. BOX 771066  
WINTER GARDEN FL 34777-1066

Principal Office Address

C/O LEYOTT CORPORATION  
P.O. BOX 771066  
WINTER GARDEN FL 34777-1066

3. Date Formed or Registered

06/22/1995

5a. Capital Contributions as Shown on record

\$1,816,863.00

3a. Date of Last Report

11/02/1995

5b. Amount of Capital 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.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-3322123

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$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

OMBRES, ALEXANDER J ESQ.  
801 N. MAGNOLIA AVENUE, SUITE 201  
ORLANDO FL 32803

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)

LEYOTT CORPORATION  
MATHEWS CITRUS PROPERTIES, I

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

801 NORTH MAGNOLIA AV  
801 NORTH MAGNOLIA AV

11b. City, State & Zip Code

ORLANDO FL 32803  
ORLANDO FL 32803

11c. Registration/Document Number

F49702  
J61037

400001972604-7  
-10/14/96--01022--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

*Margaret M Mathews*

DATE

9/30/96

Typed or Printed Name of General Partner Signing Form

Margaret M Mathews, President

Daytime Telephone Number

(912) 924-7801

CR2E03 (6/96)