

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 Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 10 PM 1:40



1. Name of Limited Partnership

1a. DOCUMENT #
A95000001401

GEM ISLAND INVESTMENT LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
C/O GEM ISLAND INVESTMENT, INC. ONE JOHN'S ISLAND DR. VERO BEACH FL 32963	C/O GEM ISLAND INVESTMENT, INC. ONE JOHN'S ISLAND DR. VERO BEACH FL 32963
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 09/18/1995	5a. Capital Contributions as Shown on record \$2,000,000.00
3a. Date of Last Report 12/19/1995	5b. Amount of Capital Contributions in FLORIDA to date. \$3,197,117.64
4. State or Country of Formation FL	
6. FEI Number 65-0607868	<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

STONE, HELEN E
ONE JOHN'S ISLAND DR.
VERO BEACH FL 32963

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
GEM ISLAND INVESTMENT, INC.	ONE JOHN'S ISLAND DR.	VERO BEACH FL 32963	P95000071596
			200002032852--0 -12/18/95--01097--001 ****576.25 ****576.25
		dce	

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 *Charles M. Boyer Jr.* DATE **12/2/96**

Typed or Printed Name of General Partner Signing Form **Charles M. Boyer Jr.** President Gem I. Inc. Daytime Telephone Number **(561) 231-0900**

CR2E003 (6/96)