

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 10 AM 8:59



1. Name of Limited Partnership TRIAD GROVES, LTD.	1a. DOCUMENT # A95000001906
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2. Mailing Address c/o William N. Barnes Suite, Apt. #, etc. P.O. Box 2254 City & State Orlando, FL Zip Country 32802-2254 USA	2a. Principal Office Address 921 VIRGINIA DR. WINTER PARK FL 32789 Suite, Apt. #, etc. City & State Zip Country
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3. Date Formed or Registered 12/07/1995	5a. Capital Contributions as Shown on record. \$6,000.00
3a. Date of Last Report 12/21/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$6,000.00
4. State or Country of Formation FL	6. FEI Number APPLIED FOR 59-3358555 <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 BARNES, GLEN A 921 VIRGINIA DR. WINTER PARK FL 32789	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number, City, State, Zip) 508002084745--0 Suite, Apt. #, etc. -02/12/97--01017--010 City ****191.25 ****191.25 Zip Code FL
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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
TRIAD FARMS, INC.	921 VIRGINIA DR.	WINTER PARK FL 32789	P95000092332 <i>OK</i> <i>2-10</i>

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 William N. Barnes DATE 12-18-96

Typed or Printed Name of General Partner Signing Form William N. Barnes Daytime Telephone Number (407)843 7300

CR2E003 (6/96)