

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 97 APR -7 AM 9:35

1. Name of Limited Partnership	1a. DOCUMENT # <b>A95000001979</b>
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**BOUCHELLE-TRICE FAMILY PARTNERSHIP, LTD.**



*MK 4/7/97*

2. Mailing Address 4141 PIEDMONT ROAD PENSACOLA FL 32503	2a. Principal Office Address 4141 PIEDMONT ROAD PENSACOLA FL 32503	3. Date Formed or Registered 12/19/1995	5a. Capital Contributions as Shown on record. \$980,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 12/28/1995	5b. Amount of Capital Contributions INFLORIDA to date: \$980,000.00
City & State	City & State	4. State or Country of Formation FL	
Zip Country	Zip Country	6. FEI Number <del>APPLIED FOR</del> 59-3353315	<input type="checkbox"/> Applied For <input 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 <b>TRICE, TROUPE L</b> 4141 PIEDMONT ROAD PENSACOLA FL 32503	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
TRICE, TROUPE L	4141 PIEDMONT ROAD	PENSACOLA FL 32503	
TRICE, PATRICIA B	4141 PIEDMONT ROAD	PENSACOLA FL 32503	

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**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 *Troupe L. Trice* DATE **2/28/97**

Typed or Printed Name of General Partner (Single Form) *Troupe L. Trice* Daytime Telephone Number **904/438-8821**

CR2E003 (11/96)