

**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

97 FEB -3 AM 11:35



**1.** Name of Limited Partnership

**1a.** DOCUMENT #  
**A96000000292**

**CANNOVA FIRST FAMILY LIMITED PARTNERSHIP**

Mailing Address <del>BAYWAY ISLES II</del> <del>5399 61ST AVE. S.</del> <del>ST. PETERSBURG FL 33715</del>	Principal Office Address BAYWAY ISLES II 5399 61ST AVE. S. ST. PETERSBURG FL 33715	<b>3.</b> Date Formed or Registered 02/09/1996	<b>5a.</b> Capital Contributions as Shown on record. <b>\$850,000.00</b>
<b>2.</b> Mailing Address P.O. Box 66765	<b>2a.</b> Principal Office Address	<b>3a.</b> Date of Last Report	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>4.</b> State or Country of Formation FL	
City & State St. Pete Beach, FL	City & State	<b>6.</b> FEI Number Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country 33736-6765 USA	Zip Country	<b>7.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)			

<b>9. Name and Address of Current Registered Agent</b> SCIARRETTA, STEVEN A 2300 GLADES RD., STE. 302E BOCA RATON FL 33431	<b>10. If changed, new Registered Agent/Office</b> 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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/Document Number
CANNOVA, FRANK S	5399 61ST AVE. S.	ST. PETERSBURG FL 337	Or 2-10  100002083871--9 -02/11/97--01133--005 ***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 Frank S. Cannova DATE 12/31/96

Typed or Printed Name of General Partner Signing Form FRANK S. CANNOVA Daytime Telephone Number 413-964-1032

CR2E003 (6/96)