

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

96 OCT 23 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership DRISCOLL FAMILY LIMITED PARTNERSHIP	1a. DOCUMENT # A96000001274 47-AR UM
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2. Mailing Address 6170 MULLIN STREET PALM BEACH GARDENS FL 33418-6676	2a. Principal Office Address 6170 MULLIN STREET PALM BEACH GARDENS FL 33418-6676
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 07/02/1996	5a. Capital Contributions as Shown on record \$40,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date \$40,000.00
4. State or Country of Formation FL	6. FEI Number 65-0677893 <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 DRISCOLL, THOMAS V 6170 MULLIN STREET PALM BEACH GARDENS FL 33418-6676
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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
DRISCOLL, THOMAS V	6170 MULLIN STREET	PALM BEACH GARDENS FL	
DRISCOLL, KAREN E	6170 MULLIN STREET	PALM BEACH GARDENS FL	

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 do so on behalf of 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 _____ DATE 10/19/96

Typed or Printed Name of General Partner Signing Form: **Thomas V DRISCOLL, GENERAL PARTNER** Daytime Telephone Number: **(561)-575-6748**

CR2E003 (6/96)