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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

SEPNER FAMILY LIMITED PARTNERSHIP

Country

9. Name and Address of Current Registered Agent



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

Mailing Address

7828 GLEN GARRY LANE

DELRAY BEACH FL 33446

SEPNER, HERRERT N

2. Mailing Address

Suite, Apt. #, etc

City & State

Zip

**DOCUMENT #** A96000001422

Principal Office Address

7828 GLEN GARRY LANE

DELRAY BEACH FL 33448

2a. Principal Office Address

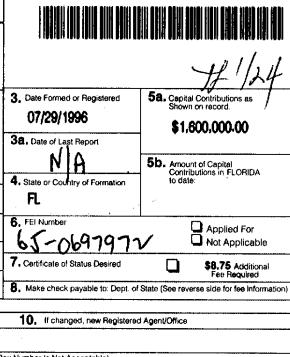
Suite, Apt. #, etc.

City & State

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



7828 GLEN GARRY LANE	Street Address (P.O. Box Number Is Not Acceptable)	_
DELRAY BEACH FL 33446	Suite, Apt. #, etc.	
	City Zip Code	_
	Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statemen	

Country

Name

agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment) \_

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

1. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SEPNER, HERBERT N	7828 GLEN GARRY LANE	DELRAY BEACH FL 33446	
DAVIDOFF, SANDRA LEE	7538 GLENDEVON LANE	DELRAY BEACH FL 33446	
		200002C -01/27/3 *****57(	0691620 9701024017 5.25 ****\$76.25

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 truste
	empowered to execute this report as recommed by chapter 620, Florida Statutes.

SIGNATURE X
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Typed or Printed Name of General Partner Signing Form