

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

1. Name of Limited Partnership ENTREPRENEUR ASSOCIATES, LTD.	1a. DOCUMENT # A96000002120
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Mailing Address 567 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410	Principal Office Address 567 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410	3. Date Formed or Registered 11/15/1996	5a. Capital Contributions as Shown on record. \$495,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: \$ 495,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 65-0709172	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	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 HERRITT, JAMES R 567 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410	10. If changed, new Registered Agent/Office Name N/A Street Address (P.O. Box Number is Not Acceptable) 100002098081--8 Suite, Apt. #, etc. -02726797--01013--007 City 541.25 541.25 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) *James R. Herritt* DATE **FEB. 17, 1997**

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
RECTOR, E. IRENE	567 RIVERSIDE DR	PALM BEACH GARDENS FL	A96000002120
	<i>dec</i>	<i>541.25 (new bus)</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 *E. Irene Rector* DATE **FEB. 17, 1997**
 Typed or Printed Name of General Partner Signing Form **E. Irene Rector** Daytime Telephone Number **(561) 622-4694**

CR2E003 (1/96)