

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

FILED  
97 APR 15 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000002467**

WOOTEN FAMILY PARTNERSHIP, LTD.

97-AR-US  
CM



Mailing Address  
STAR ROUTE 121  
OCHOPPEE FL 34141

Principal Office Address  
STAR ROUTE 121  
OCHOPPEE FL 34141

3. Date Formed or Registered  
12/16/1996

5a. Capital Contributions as Shown on record.  
\$1,057,500.00

3a. Date of Last Report  
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5b. Amount of Capital Contributions in FLORIDA to date:  
\$1,057,500.00

4. State or Country of Formation  
FL

2. Mailing Address  
Star Route 121  
Suite, Apt. #, etc.

2a. Principal Office Address  
Star Route 121  
Suite, Apt. #, etc.

6. FEI Number  
65-0698551  Applied For  Not Applicable

City & State  
Ochopee, FL

City & State  
Ochopee, FL

7. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip Country  
34141 U.S.A.

Zip Country  
34141 U.S.A.

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

HUDGINS, THOMAS F ESQ.  
C/O PAULICH, SLACK & WOLFF, P.A.  
2150 GOODLETTE RD., 6TH FLOOR  
NAPLES FL 34102

Name  
Street Address (P.O. Box Number is Not Acceptable) 100002151711-4  
Suite, Apt. #, etc. 04/23/97-01051-011  
City Zip Code  
FL \*\*\*595.00 \*\*\*595.00

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

WOOTEN, S. GENE  
WOOTEN, LILLIAN R

STAR ROUTE 121  
STAR ROUTE 121

OCHOPPEE FL 34141  
OCHOPPEE FL 34141

**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 *S. Gene Wooten, General Partner*

DATE 4/10/97

Typed or Printed Name of General Partner Signing Form S. Gene Wooten

Daytime Telephone Number 1-800-282-2781

CR2E003 (1/1/96)