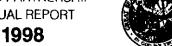
## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

THE BERT E. ROPER AND BARBARA C. ROPER FAMILY LI

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1

1a. DOCUMENT # **A9700000186** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 29 PM 4: 10



MITED PAR	TNERSHIP			01/8		
Mailing Address		Principal Office Address		3. Date Formed Registered	<b>5a.</b> Capital Contributions as Shown on record.	
12302 SUMMERPOF WINDERMERE FL 3		12302 SUMMERPORT LANE WINDERMERE FL 34786			\$6,542,800.00	
9 Mailian Aug		<b>30</b> Division And		4. Stale or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Addr	BSS .	<b>2a.</b> Principal Office Address	Za. Principal Office Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Applied For	
City & State		City & State	City & State		Not Applicable  \$8.75 Additional	
Zip	Country	Zip	Country	7. Certificate of Status Desired	f ee Required	
				8. Make check payable to: Dept. of	State (See reverse side for fee information	
	9. Name and Address of Cu	rrent Registered Agent	10. If changed, new Registered Agent/Office			
ASMA, WILLIAM N P.A.			Name			
-	um n P.A. NLLARD STREET		Street Address (F		ess (P.O. Box Number Is Not Acceptable) 4. etc.	
WINTER GAR						
			Cily		FL Zip Code	
for the purp	ose of changing its registered offic			orship organized or registered under the laws of t ge was authorized by its general partner(s). Then		
SIGNATURE (Registe	ered Agent Accepting Appointmen	) .		DATE		
	RAL PARTNER TH		, LIMITED ND ACTIV	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s)	of General Partner(s)	11a. Address of Each Get (Do NOT Use Post Office	neral Partner a Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
ROPER, BERT E		12302 SUMMERPORT		WINDERMERE FL 34786		
ROPER, BARBARA C		12302 SUMMERPORT	LANE	WINDERMERE FL 34786		
·				5000D2 -01/1 ****	23984458 8/9801070001 541.25 ****\$41.25	
			I		I	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt on 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 give the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by ordingly 620. For ida Statutes.

Roper

SIGNATURE

Typed or Printed Name of General Partner Signing Form

. Da DATE 12.16.97

Daytime Telephone Number 407-656-3233

7825003 (6/97