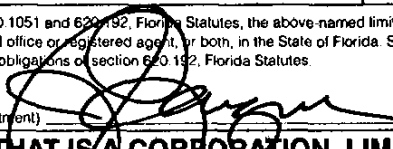
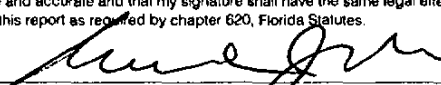


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 DEC 27 PM 3:13	
1. Name of Limited Partnership French Partners, Ltd.		1a. DOCUMENT # B94000000247			
Mailing Address P. O. Box 40138 Sarasota, Florida 34242		Principal Office Address 14607 San Pedro, Ste. 102 San Antonio, TX 78232		3. Date Formed or Registered 06/29/94	
2. Mailing Address c/o Icard-Merrill Suite, Apt. #, etc. 2033 Main St., #101 City & State Sarasota, Florida Zip 34237 Country USA		2a. Principal Office Address 5192 N. Parkway Calabasas Suite, Apt. #, etc. City & State Calabasas, California Zip 91302 Country USA		3a. Date of Last Report 02/12/96	
4. State or Country of Formation Texas		5a. Capital Contributions as Shown on record 1,604,000.00		5b. Amount of Capital Contributions in FLORIDA to date 152,000.00	
6. FEI Number 65-0470877		☐ Applied For ☐ Not Applicable			
7. Certificate of Status Desired ☒		\$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 J.G. Pflugner c/o Icard-Merrill 2033 Main Street, Suite 101 Sarasota, Florida 34237			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 12-26-96					
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) Richard J. Segal		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5192 N. Parkway Calabasas		11b. City, State & Zip Code Calabasas, CA 91302	
11c. Registration/Document Number 500002041995--3 -12/31/96--01047--011 ****585.00 ****585.00					
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  DATE 12-26-96					
Typed or Printed Name of General Partner Signing Form Richard J. Segal Daytime Telephone Number 818-223-8848					

CR2E003 (6/96)