

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

FILED

96 OCT 23 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                   |                                                                                            |                                                                                   |                                                                                                        |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| LIMITED PARTNERSHIP<br>ANNUAL REPORT<br><b>1997</b>                               |                                                                                            |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| 1. Name of Limited Partnership<br><b>DRISCOLL FAMILY LIMITED PARTNERSHIP</b>      |                                                                                            | 1a. DOCUMENT #<br><b>A96000001274</b><br><i>47-AR</i><br><i>UM</i>                |                                                                                                        |
| Mailing Address<br><b>6170 MULLIN STREET<br/>PALM BEACH GARDENS FL 33418-6676</b> | Principal Office Address<br><b>6170 MULLIN STREET<br/>PALM BEACH GARDENS FL 33418-6676</b> |                                                                                   |                                                                                                        |
| 2. Mailing Address                                                                | 2a. Principal Office Address                                                               |                                                                                   |                                                                                                        |
| Suite, Apt. #, etc.                                                               | Suite, Apt. #, etc.                                                                        |                                                                                   |                                                                                                        |
| City & State                                                                      | City & State                                                                               |                                                                                   |                                                                                                        |
| Zip                                                                               | Country                                                                                    |                                                                                   |                                                                                                        |



|                                                                                                        |                                                                                                                                  |
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| 3. Date Formed or Registered<br><b>07/02/1996</b>                                                      | 5a. Capital Contributions as<br>Shown on record<br><b>\$40,000.00</b>                                                            |
| 3a. Date of Last Report                                                                                | 5b. Amount of Capital<br>Contributions in FLORIDA<br>to date<br><b>\$40,000.00</b>                                               |
| 4. State or Country of Formation<br><b>FL</b>                                                          | 6. FEI Number<br><b>65-0677893</b><br><input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> | 8. Make check payable to: Dept. of State (See reverse side for fee information)                                                  |

|                                                                                                                                          |                                                                                                                                                       |
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| 9. Name and Address of Current Registered Agent<br><b>DRISCOLL, THOMAS V<br/>6170 MULLIN STREET<br/>PALM BEACH GARDENS FL 33418-6676</b> | 10. If changed, new Registered Agent/Office<br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br><b>FL</b> |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

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)<br><b>DRISCOLL, THOMAS V<br/>DRISCOLL, KAREN E</b> | 11a. Address of Each General Partner<br>(Do NOT Use Post Office Box Numbers)<br><b>6170 MULLIN STREET<br/>6170 MULLIN STREET</b> | 11b. City, State & Zip Code<br><b>PALM BEACH GARDENS FL<br/>PALM BEACH GARDENS FL</b> | 11c. Registration/<br>Document Number |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------|

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

12. I 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 declare 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

*10/19/96*

Typed or Printed Name of General Partner Signing Form

**Thomas V DRISCOLL, GENERAL**

Daytime Telephone Number

**(561)-575-6748**

0006309

CR2E003 (6/96)