


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

FILED

96 NOV -7 PM 3: 29

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 MOSLEY FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # B94000000174 <i>97-AR CM</i>	
Mailing Address P.O. BOX 220 SHERIDAN AR 72150		Principal Office Address 710 EAST CENTER SHERIDAN AR 72150	
2. Mailing Address Suite, Apt #, etc City & State Zip Country		3. Date Formed or Registered 05/13/1994 3a. Date of Last Report 12/08/1995 4. State or Country of Formation AR 5a. Capital Contributions as Shown on record \$100,000.00 5b. Amount of Capital Contributions in FLORIDA to date 6. FEI Number 71-0747779 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 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)	
2a. Principal Office Address Suite, Apt #, etc City & State Zip Country			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name: Street Address (P.O. Box Number Is Not Acceptable): Suite, Apt #, etc: City: FL Zip Code:	
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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) _____

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. Registry/Document Number
MOSLEY, JERRY L	710 EAST CENTER	SHERIDAN AR 72150	
MOSLEY, MARGARET H	710 EAST CENTER	SHERIDAN AR 72150	

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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)(*) 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 *Margaret H. Mosley*
 Typed or Printed Name of General Partner Signing Form: **MARGARET H. MOSLEY**

DATE: **10-30-96**

Daytime Telephone Number: **(501) 942-7292**

CR2E003 (6/96)