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

97 FEB 10 AM 9:06

1. Name of Limited Partnership

BERRIE FAMILY LIMITED PARTNERSHIP

1a. DOCUMENT # A96000001980

Mailing Address	Principal Office Address
14745 DRAFT HORSE LN WELLINGTON FL 33414-1008	

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State AS ABOVE	City & State AS ABOVE
Zip Country	Zip Country

3. Date Formed or Registered 10/24/96

3a. Date of Last Report NONE

4. State or Country of Formation PB CTY

5a. Capital Contributions as Shown on record. ~~$10~~ 1,958,000.00

5b. Amount of Capital Contributions in FLORIDA to date $1,958,000.-

6. FEI Number 65-0708657 ☐ 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	**10.** If changed, new Registered Agent/Office
BERRIE FAMILY CORP 14745 DRAFT HORSE LN WELLINGTON FL 33414	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) M L Berrie PRES. DATE 12/24/96

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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
BERRIE FAMILY CORP Amendment filed 2-10-97	14745 DRAFT HORSE	WELLINGTON FL 33414-1008	P96000088175 CO) JR 2-13

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CR2E003 (6/96)

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 M L Berrie PRES DATE 12/24/96

Typed or Printed Name of General Partner Signing Form MURRAY BERRIE Daytime Telephone Number 561-790-7770