

**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 SEP 19 PM 4:19

1. Name of Limited Partnership

1a. DOCUMENT #  
**A01923**

**EMPIRE BUILDING, LTD.**



Mailing Address

P.O. BOX 1831  
PENSACOLA FL 32598

Principal Office Address

226 S. PALAFOX ST.  
~~SEVENTH FLOOR, SEVILLE TOWER~~  
PENSACOLA FL 32501

3. Date Formed or Registered

04/10/1972

5a. Capital Contributions as Shown on record.

\$98,000.00

3a. Date of Last Report

09/14/1995

5b. Amount of Capital Contributions in FL OFFIDA to date:

98,000.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NINTH FLOOR**

City & State

City & State

Zip

Country

**ESCAMBIA**

Zip

Country

**ESCAMBIA**

4. State or Country of Formation

FL

6. FID Number

59-1530916

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

**MENGE, M. J.**  
**288 SOUTH PALAFOX PLACE**  
**PENSACOLA FL 32598**

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

**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)

**MENGE, M.J.**

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**4080 DUNWODY DR.**

11b. City, State & Zip Code

**PENSACOLA FL**

11c. Registration/Document Number

8000019162188  
-10/02/96 -01008 -013  
\*\*\*\*576.25 \*\*\*\*576.25

**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. J. Menge*  
M. J. MENGE

DATE

9/17/96  
1994)H34-2411

CR2E003 (6/96)