

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

FILED

06 OCT 30 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| LIMITED PARTNERSHIP ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS |
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| 1. Name of Limited Partnership PERIMETER DEVELOPMENT, LTD. | 1a. DOCUMENT # A02244 <i>97-AR CM CW</i> |
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| 2. Mailing Address 2811 S.W. 32ND AVE. OCALA FL 34474-3302 | 2a. Principal Office Address 2811 S.W. 32ND AVE OCALA FL 34474-3302 |
| Suite Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

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|---|---|
| 3. Date Formed or Registered 06/06/1973 | 5a. Capital Contributions as Shown on record \$330,000.00 |
| 3a. Date of Last Report 07/05/1996 | 5b. Amount of Capital Contributions in FLORIDA to date |
| 4. State or Country of Formation FL | |
| 6. FEI Number 59-1507458 <input type="checkbox"/> Applied For <input checked="" 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) | |

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| 9. Name and Address of Current Registered Agent GOEBEL, DOROTHY C. 2811 S.W. 32ND AVE. OCALA FL 34474-3302 |
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| 10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite Apt. #, etc. _____ City _____ State 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. Registration/Document Number |
|-----------------------------------|---|-----------------------------|---|
| GOEBEL, DOROTHY C. | 2811 S.W. 32ND AVE. | OCALA FL | 200001997162--9 -11/06/96--01017--002 ****138.75 ****138.75 |
| LEE, ROBERT | 2811 S.W. 32ND AVE. | OCALA FL | 200001997162--9 -11/06/96--01017--003 ****437.50 ****437.50 |
| | | | 200001997162--9 -11/06/96--01017--004 |

Not: 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 *Dorothy C. Goebel* General Partner DATE *Oct 10 1996*
 Typed or Printed Name of General Partner Signing Form: **DOROTHY C. GOEBEL** Daytime Telephone Number: **(352) 237-5900**

CR2E003 (6/96)