


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

FILED

97 JAN -7 AM 8:48

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 KELLEY & PARTNERS, LTD.		1a. DOCUMENT # A02809	
Mailing Address 36 S. PENNSYLVANIA, #550 INDIANAPOLIS IN 46204		Principal Office Address 36 S. PENNSYLVANIA, #550 INDIANAPOLIS IN 46204	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 02/04/1974		5a. Capital Contributions as Shown on record \$250,000.00	
3a. Date of Last Report 12/08/1995		5b. Amount of Capital Contributions in FLORIDA to date: Same	
4. State or Country of Formation FL		6. FEI Number 13-2769691	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)			



4/15

9. Name and Address of Current Registered Agent KELLEY, E.W. 131 WODEN WAY S.E. WINTER HAVEN FL 33880		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
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-01/16/97--01110--009
***576.25 ***576.25
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
KELLEY, E.W.	36 SOUTH PENNSYLVANIA	INDIANAPOLIS IN 46204	
ARAMIAN, S. SUE	36 SOUTH PENNSYLVANIA	INDIANAPOLIS IN 46204	
BONDA, ALVA T.	1350 EUCLID AVE.	CLEVELAND OH	
CHAPMAN, MAX C., JR.	2 WORLD FINANCIAL CEN	NEW YORK NY	
KELLEY, WAYNE L.	2828 C-D I-85 SOUTH	CHARLOTTE NC	
WILLIAMSON, JAMES JR.	2311 PINE BEND DRIVE	KINGWOOD TX	

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 S. Sue Aramian DATE 12/27/96
 Typed or Printed Name of General Partner Signing Form S. Sue Aramian Daytime Telephone Number 317 633-4240

CR2E003 (6/96)