FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997	*GREAT SEAL OF THE STATE OF FLORIDA*	**FLORIDA DEPARTMENT OF STATE** **Sandra Mortham** Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A03749

MARY ESTHER ASSOCIATES, LTD.

Mailing Address	Principal Office Address
% EDMOND J. GONG. ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI FL 33126	% EDMOND J. GONG. ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI FL 33126

3. Date Formed or Registered
06/10/1974

3a. Date of Last Report
04/09/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record.
$434,164.73

5b. Amount of Capital Contributions in FLORIDA to date:
$434,164.73

2. Mailing Address	**2a.** Principal Office Address	**6.** FEI Number 59-1582991 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**7.** Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State	City & State	**8.** Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country	

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
GONG, EDMOND J., ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI FL 33126	Name Street Address (P.O. Box Numbers Not Accepted) 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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
INFLAHEDGE RESOURC.FUND	6161 BLUE LAGOON DRIV	MIAMI FL 33126	823635

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 _Edmond Gong_   DATE 3-20-97

Typed or Printed Name of General Partner Signing Form _EDMOND J. GONG_   Daytime Telephone Number (305) 261-6222

CR2E003 (11/96)