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

1. Name of Limited Partnership

DOCUMENT # A04469

REYCO NO. 1, LTD.



96 DEC 1& PM 3: 55

SEC.RY OF STAIL TALLAGASSEE.FLORIDA



Jf 12/12

Mailino Address

2909 BAY TO BAY BLYD.

STE. 600 **TAMPA FL 33629** Principal Office Address

2909 BAY TO BAY BLYD.

STE: OOO-

TAMPA FL 33629

3. Date Formed or Registered

09/04/1975

\$80,000.00

4. State or Country of Formation

5b. Amount of Capital Contributions in FLORIDA

80,000

Suite City & State

Country

6. FEI Number 59-1748466

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

KRUSEN, W A JR. 2909 BAY TO BAY BLVD. SUITE 600

TAMPA FL 33629

11.

10. If changed, new Registered Agent/Office

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership orgalized 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) _

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE

Name(s) of General Partner(s)

2909 BAY TO BAY BLVD. \$200

11a. (Do NOT Use Post Office Box Numbers) 11b.

City, State & Zip Code

11c.

Registration/

GENERAL MGMT & DEVELOPMENT C

2907

TAMPA FL

M80265

900002031639--5 -12/17/\$6--01155--026 ****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 filling 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 -

1 as required by chapter bzv., Fronce Signature.

Welliam Pres of Gen. Mgnt 1 Dev., General DATE 12/9/96

LIA V. Com TC. Daytime Telephone Number 813-837-3609