


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 17 AM 8:17



BK 10/27/96

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership ATLANTIS ARMS, LTD.		1a. DOCUMENT # A05366	
Mailing Address 11635 N.W. 1ST AVENUE GAINESVILLE FL 32607		Principal Office Address 11635 N.W. 1ST AVENUE GAINESVILLE FL 32607	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 12/08/1976		5a. Capital Contributions as Shown on record \$0.00	
3a. Date of Last Report 11/28/1995		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number 59-1779254 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 CURTIS, JOHN M. 11635 N.W. 1ST AVENUE GAINESVILLE FL 32607		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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
HENDRICKS, WILSON W., III CRYSTAL RIVER RRH, INC.	12551 INDIAN ROCKS RD 11635 N.W. FIRST AVE.	LARGO FL GAINESVILLE FL	545648
500001991675--3 -10/31/96--01020--023 ****200.00 ****200.00			

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 included 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

John M. Curtis

DATE 09-27-96

Typed or Printed Name of General Partner Signing Form

President, Crystal River RRH, Inc.

Daytime Telephone Number 352-332-0838

CR2E003 (6/96)