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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997

COOPER SMITH PROPERTIES, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A06718

97 FEB 11 PM 2: 15



Malling Address 1223 RIVER BREEZE BLVD ORMOND BEACH FL 32176	Principal Office Address 1223 RIVER BREEZE BLVD ORMOND BEACH FL 32178		3. Date Formed or Registered 08/11/1978 3a. Date of Last Report 10/05/1995 4. State or Country of Formation	58. Capital Contributions as Shown on record. \$500.00 5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	28. Principal Office Address	2a. Principal Office Address		to da	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•		Applied For		
City & State	City & State	,		Not Applicable \$8.75 Additional Fee Required		
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)		
1						
9, Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office				
SMITH, COOPER 1223 RIVER BREEZE BLVD.		Name Street Address (P.O. Box Number Is Not Acceptable)				
ORMONDA BEACH FL 32176						
•		FL Zp Code				
SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA	0 _	LIMITED PA	RTNERSHIP OR OTHI		NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gener			11c.	Registration/ Document Number	
SMITH, COOPER	1223 RIVER BREEZE BI		ORMOND BEACH FL			
SMITH, ELIZABETH	1223 RIVER BREEZE BI	.v	ORMOND BEACH FL		566	
			6000020365566 -02/25/9701059011 ****156.25 ****156.25		5566 059011 ****156.25	
)					_ ~	
		N	en Fees		KWM	
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 eath. 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 520, Florida Sprutes.						
SIGNATURE (Raper) 1/2 DATE 2/1/97						
Typed or Printed Name of General Partner Signing Form (100 PER) mi 1/4 Daytime Telephone Number 904-441-4700						