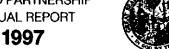
## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A10984** 

## FILED

96 DEC 13 PH 1:18

SECRETARY OF STATE TALLAHASSEE, FLORIDA



	A 10984	<u> </u>
IAGNOLIA PARTNERSHIP, LTD.		

Mailing Address PO BOX 620 WINTER PARK FL 32790-0620	Principal Office Address  * PHOENIX BLDG.  503 N. INTERLACHEN AVE 8  WINTER PARK FL 32789	% PHOENIX BLDG. 503 N. Interlachen ave Suite #2		08/12/1981 \$6		Contributions as on record.  55,000.00  t of Capital utions in FLORIDA		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		FL				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2120673	Applied For Not Applicable			
City & State	City & State	City & State		7. Certificate of Status Desired				
Zip Country	Zip	Zip Country			\$8.75 Additional Fee Required  of State (See reverse side for fee information			
				G. make check payable to. Dept. of	Oldio (Odo ie	orac side for foe information		
WINTER PARK FL 32789			10. If changed, new Registered Agent/Office					
		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code						
agent. I am familiar with, and accept the obling SIGNATURE (Registered Agent Accepting Appointmeter A GENERAL PARTNER TH	lice or registered agent, or both, in the State of gations of section 620.192, Florida Statues.	Florida. Such char	PAR1	horized by its general partner(s). I here  DATE  TNERSHIP OR OTHE	eby accept the	ida, submits this statemen appointment of registered NESS ENTITY		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office		11b.	City, State & Zip Code	11c.	Registration/ Document Number		
ROSOFF, ERIC	503 N. INTERLACHE	N AV	WI	NTER PARK FL 32789  1. 00020 -12/18/ *****5	0 3 2 8 /96 0 1 76, 25			
<b>*</b>						212020		
Note: General partners MAY	NOT be changed on this fo	rm: an am	endme	nt must be filed to ch	ange a g	eneral partner		
12. I do hereby certify that the Information supplied	<u> </u>	s not qualify for the	exemption	stated in Section 119.07(3)(k), Florida				

RED03 (6/96)

Corporations from any liability of non-compliance with this fining is voluntarily furnished and does not quality for the exempt from the 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 52. Forida Statutes.

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

ENC ROSOFF

Daylime Telephone Number 407-647-4949