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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 30 AM 9:21

1. Name of Limited Partnership

BEAUCLAIRE, LTD.

1a. DOCUMENT # **A11304**

BK 10/7/96

Mailing Address	Principal Office Address
18500 U.S. HWY 441 MT. DORA FL 32757 US	18500 U.S. HWY 441 MT. DORA FL 32757 US

3. Date Formed or Registered: 10/06/1981

3a. Date of Last Report: 11/30/1995

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $125,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

2a. Principal Office Address — Suite, Apt. #, etc. — City & State — Zip — Country

6. FEI Number: 59-2148126 ☐ 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

MATSCHE, JOHN J.
18500 U.S. HWY 441
MOUNT DORA FL 32757

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Not Acceptable)

100001ST2651--1
-10/14/96--01022--026
****576.25 ****576.25

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
MATSCHE CO.	18500 U.S. HWY 441	MT. DORA FL	269215

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

DATE Sept. 20, 1996

Typed or Printed Name of General Partner Signing Form: John J. Matsche

Daytime Telephone Number: 352-383-6121

CR2E003 (6/96)