


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

FILED

97 JAN -3 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership THE ACTIVITY CENTER, LTD.		1a. DOCUMENT # A11652	
Mailing Address 3705 S.W. 42ND PL GAINESVILLE FL 32614		Principal Office Address P.O. BOX 140239 GAINESVILLE FL 32614-0239	
2. Mailing Address 3705 SW 42 Ave		2a. Principal Office Address	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Formed or Registered 12/10/1981		5a. Capital Contributions as Shown on record. \$7,350.00	
3a. Date of Last Report 01/03/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 59-2154083	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)			



9. Name and Address of Current Registered Agent CHESBOROUGH, LOWELL D. 3705 SW 42ND PLACE GAINESVILLE, FL FL 32608		10. If changed, new Registered Agent/Office	
		Name 500002059115-7	
		Street Address (P.O. Box Number Is Not Accepted) 01/15/97-01065-0011 ****200.00 ****200.00	
		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) CHESBOROUGH, LOWELL D	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3705 SW 42ND PLACE	11b. City, State & Zip Code GAINESVILLE FL	11c. Registration/Document Number
--	---	---	--

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 **12/30/96**

Typed or Printed Name of General Partner Signing Form **LOWELL D. CHESBOROUGH** Daytime Telephone Number **(352) 377-8560**

CR2E003 (6/96)