

**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 Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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| 1. Name of Limited Partnership CIBS PARTNERS LIMITED | 1a. DOCUMENT # A12425 |
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|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Mailing Address 7491 ALBERT TILLINGHAST DR. SARASOTA FL 34240 | Principal Office Address 7491 ALBERT TILLINGHAST DR. SARASOTA FL 34240 | 3. Date Formed or Registered 04/26/1982 | 5a. Capital Contributions as Shown on record. \$26,250,000.00 |
| | | 3a. Date of Last Report 11/06/1995 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 2. Mailing Address | 2a. Principal Office Address | 4. State or Country of Formation FL | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 6. FEI Number 59-2207161 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| City & State | City & State | 7. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip Country | Zip Country | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

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| 9. Name and Address of Current Registered Agent BIDDINGER, JOHN W. 7491 ALBERT TILLINGHAST DR. SARASOTA FL 34240 | 10. If changed, new Registered Agent/Office Name John W. Biddinger Street / Biddinger Investment Suite, / 2201 Cantu Court, Suite 102A City Sarasota, FL 34232 Zip Code |
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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) GLOBAL TECHNOLOGY, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9102 NORTH MERIDIAN-5 | 11b. City, State & Zip Code INDIANAPOLIS IN | 11c. Registration/Document Number F77437 |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|

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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 22, Florida Statutes.

SIGNATURE _____ DATE **12-24-96**

Typed or Printed Name of General Partner Signing Form **John W. Biddinger** Daytime Telephone Number **317-844-7971**

CR2E003 (6/96)

12-24-96