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

1. Name of Limited Partnership

DOCUMENT #

96 DEC -5 PM 1:36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



8311 RIVERA AVE. FT. MYERS FL 33919-1639 4. State or Country of Formation FL 5b. Amount of Capital Contributions in FLORIDA to delete: City & State City & State City & State City & State To Country To	WESTORS MORTGAGE	, LID.					1012/	
28. Principal Office Address 28. Principal Office Address Suite. Apt. #, etc. Suite. Apt. #, etc. City & State Country To Country To Cartificate of Status Desired R. Make check poyable to Dept. of State (See reverse Late for the feet for the Repart of Registered Agent) BURNS, KAREN R. 8311 RIVERA AVENUE FORT MYERS FL 33919 Streed Address (P.O. Box Number is Not Acceptable) FL		8311 RIVIERA AVE.	8311 RIVIERA AVE.		07/01/1982 3a. pale of Last Report 12/06/1995		\$11,335.00 5b. Amount of Capital Contributions in FLORIDA	
City & State Country To Country Replaced Country Repl	2. Mailing Address	2a. Principal Office Address				to da	te:	
City & State City & State City & State Country Country Country Country Country To	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FE: Number 59-2230132	1		
Sure Country Zip Country Zip Country Registered R. Make check payable to: Dept. of State (See reverse side for fee Information P. Name and Address of Current Registered Agent 10. If changed, new Registered Agent Agent Registered	City & State	City & State					Not Applicable	
BURNS, KAREN R. 8311 RIMERA AVENUE FORT MYERS FL 33919 Sireet Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. City FL Zip Code To the provisions of sections 620 1051 and 620 192. Fonds Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submilis this state for the purpose of changing its registered agent. or both, in the State of Florida. Such change was submirzed by its general partner(s). I hereby accept the appointment of registered Agent Accepting Appointment. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Go NOT Use Post Office Box Numbers) RICHARDSON, JEAN T. 8311 RIMERA AVE. FT. MYERS FL GOOD COS 3345 -12/09/96-01024-014 ******218.10 ******218.10	Zip Country	Zip	Zip Country			Fee Required		
BURNS, KAREN R. 8311 RIMERA AVENUE FORT MYERS FL 33919 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code The purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I heraby accept the appointment of registered agent. Accepting Appointment of registered Agent Accepting Appointment. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTINUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) RICHARDSON, JEAN T. 8311 RIMERA AVE. FT. MYERS FL ST. MYERS FL]				
Sirent Address (P.O. Box Number is Not Acceptable) Sirent Address (P.O. Box Number is Not Acceptable) Sirent Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. City FL Zip Code 10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited perferable programmed or registered under the laws of the State of Florida, submits this state for the purpose of changing its registered diffice 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 Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Namets) of General Partner(s) 11a. (po NOT Use Post Office Box Numbers) RICHARDSON, JEAN T. 8311 RIMERA AVE. FT. MYERS FL GOODO2233346— -12/09/\$66—0.1024—0.014 ******218.10		Name						
The control of the provisions of sections 620 1051 and 620 192. Florida Statules, the above-named limited partnership organized or registered under the laws of the State of Florida, submills this state for the purpose of changing its 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, and accept the obligations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)	8311 RIVIERA AVENUE		Suite, Apt #, etc.					
1. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City. State & Zip Code 11c. Registration/ Document Number 11b. City. State & Zip Code 11c. Registration/ Document Number 11c. Registration/	for the purpose of changing its registers agent. I am familiar with, and accept the GIGNATURE (Registered Agent Accepting Appoi	ed office or registered agent, or both, in the State of Fe obligations of section 620.192, Florida Statutes. THAT IS A CORPORATION,	lorida. Such cha	nge was auth	orized by its general partner(s). I he DATE NERSHIP OR OTHE	reby accept the	appointment of registered	
RICHARDSON, JEAN T. 8311 RIMERA AVE. FT. MYERS FL 600002023346	14			ſ			Registration/	
60002023346 -12/09/9601024014 ****218.10 ****218.1			Box Numbers)			11C.	Document Number	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partners	RICHARDSON, JEAN T.	8311 RIVIERA AVE.		F T.		2023 9/960 218. 10	3460 1024014 ****218.10	
	Note: General partners MA	Y NOT be changed on this for	m; an am	endmer	nt must be filed to ch	ange a g	eneral partner.	

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

lan

Typed or Printed Name of Gentral Partner Signing Form

SIGNATURE:

CHZEUUS (0/30)

DATE V 12-2-96

Daytime Telephone Number 941- 936- 2869