

**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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 26 AM 10: 51



1. Name of Limited Partnership
PUTNAM PROPERTIES, LTD.

1a. DOCUMENT #
A12973

Mailing Address P.O. BOX 546 MELROSE FL 32666	Principal Office Address P.O. BOX 546 MELROSE FL 32666	3. Date Formed or Registered 08/11/1982	5a. Capital Contributions as Shown on record. \$60,929.32
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/12/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-2517735	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$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 THOMPSON, EDWARD G. "RED" STATE ROAD 26 AND CENTRE STREET MELROSE FL 32666	10. If changed, new Registered Agent/Office Name John Bacaris Street Address (P.O. Box Number Is Not Acceptable) 5635 S. HWY A1A Unit # 803 Suite, Apt. #, etc. Unit # 803 City S. Melbourne Bch FL Zip Code 32951
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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) *John Bacaris* DATE 2/25/97

**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) THOMPSON, EDWARD G. "RED"	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) SR 26 & CENTER STREET	11b. City, State & Zip Code MELROSE FL 000002126470-0 -03/27/97--01113-000 ****582.75 ****330.25	11c. Registration/ Document Number Or 326
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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 620, Florida Statutes.

SIGNATURE *John Bacaris* DATE 2/25/97
Typed or Printed Name of General Partner Signing Form John Bacaris Daytime Telephone Number (407)951-1144

CR2E003 (6/96)