

**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
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 96 DEC 23 PM 1:49

1. Name of Limited Partnership SANJAY, LTD.	1a. DOCUMENT # A13181
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2. Mailing Address 1110 N. ATLANTIC AVE DAYTONA BCH. FL 32018	2a. Principal Office Address 1110 N. ATLANTIC AVE DAYTONA BCH. FL 32018	3. Date Formed or Registered 09/23/1982	5a. Capital Contributions as Shown on record \$25,000.00
4. State or Country of Formation FL		3a. Date of Last Report 12/28/1995	5b. Amount of Capital Contributions in FLORIDA to date \$25,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-2251172	<input type="checkbox"/> Applied For <input checked="" 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)	

9. Name and Address of Current Registered Agent PATEL, HARSHAD N. 1110 N. ATLANTIC AVENUE DAYTONA BEACH FL 32018	10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number) 1110 N. ATLANTIC AVENUE 1110 N. ATLANTIC AVENUE Suite, Apt. #, etc. DAYTONA BEACH FL 32018 DAYTONA BEACH FL 32018 City DAYTONA BEACH DAYTONA BEACH FL Zip Code 32018 32018
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
PATEL, HARSHAD N	1110 N. ATLANTIC AVE.	DAYTONA BEACH FL	A13181

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 *Harshad Patel* DATE 12.14.96
 Typed or Printed Name of General Partner Signing Form HARSHAD PATEL Daytime Telephone Number 904.258.0482

CR2E003 (6/96)