

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 28 PM 12:31



1. Name of Limited Partnership
1a. DOCUMENT #
A13226

GALAXY, LTD.

Mailing Address 6002 CLARK CENTER AVE SARASOTA FL 34238		Principal Office Address 6002 CLARK CENTER AVE SARASOTA FL 34238		3. Date Formed or Registered 09/29/1982	5a. Capital Contributions as Shown on record \$83,860.00
2. Mailing Address 7357 Fox Trotting Rd.		2a. Principal Office Address 7357 Fox Trotting Rd.		3a. Date of Last Report 11/13/1995	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State Sarasota, Florida		City & State Sarasota, Florida		6. FEI Number 59-2223337	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country 34241 USA		Zip Country 34241 USA		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 HOWE, WILLARD 6002 CLARK CENTER AVE SARASOTA FL 34238	10. If changed, new Registered Agent/Office Name Same Street Address (P.O. Box Number is Not Acceptable) 7357 Fox Trotting Rd. Suite, Apt. #, etc. City Sarasota FL Zip Code 34241
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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) APOGEE ASSOCIATES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6002 CLARK CENTER AVE 7357 Fox Trotting Rd	11b. City, State & Zip Code SARASOTA FL 34238 34241	11c. Registration/Document Number F66030
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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

DATE **10/22/96**

Typed or Printed Name of General Partner Signing Form

Willard Howe

Daytime Telephone Number **941/927-9898**

CR2E003 (6/96)