

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Morthem
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAR 27 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership U.S.G. LTD.	1a. DOCUMENT # A13693 97-AR CNS CM
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Mailing Address 330 SOUTH PINEAPPLE AVENUE SUITE 204 SARASOTA FL 34236	Principal Office Address 330 SOUTH PINEAPPLE AVENUE SUITE 204 SARASOTA FL 34236	3. Date Formed or Registered 01/03/1983	5a. Capital Contributions as Shown on record. \$316,525.65
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 11/07/1995	5b. Amount of Capital Contributions in FLORIDA to date.
City & State	City & State	4. State or Country of Formation FL	
Zip	Country	6. FEI Number 59-2225808	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input checked="" 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 SWEARINGEN, DONALD G. %ARTHUR & SWEARINGEN SUITE 204, 330 SOUTH PINEAPPLE AVE. SARASOTA FL 34236	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 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) SMITH, FRANK FOLSOM SWEARINGEN, DONALD G. 330 S	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 330 S.PINEAPPLE POB 4 330 S. PINEAPPLE AVE.	11b. City, State & Zip Code SARASOTA FL SARASOTA FL	11c. Registration/Document Number 300002131083--1 -04/02/87--01040--009 ****550.00 ****550.00
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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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number