

**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

96 DEC 17 PM 2: 51

12/20



1. Name of Limited Partnership
1a. DOCUMENT #
A14089

LBMH-MPBH-PALM BEACH COMPANY, LIMITED

Mailing Address SUITE T-12, 44 COCONUT ROW PALM BEACH FL 33480	Principal Office Address SUITE T-12, 44 COCONUT ROW PALM BEACH FL 33480	3. Date Formed or Registered 03/03/1983	5a. Capital Contributions as Shown on record. \$9,800.00
		3a. Date of Last Report 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-2335767	<input type="checkbox"/> Applied For <input 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) 207.35	

9. Name and Address of Current Registered Agent HOLT, C. CLAYTON 44 COCONUT ROW SUITE T-12 PALM BEACH FL 33480	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, etc.	
	City	Zip Code FL

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) LITTLEFIELD FARMS OF FLORIDA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) #T-12, 44 COCONUT ROW	11b. City, State & Zip Code PALM BEACH FL	11c. Registration/Document Number 652039
		500002036715--2 -12/24/96--01065--009 ****207.35 ****207.35	

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 **CHARLES CLAYTON HOLT III** Daytime Telephone Number _____

CRE003 (6/96)