

**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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 18 AM 11:07



1. Name of Limited Partnership	1a. DOCUMENT # A15512
LINTON INTRACOASTAL COMPANY, LTD.	

Mailing Address C/O GREENFIELD, KATZ DEV., ONE LINCOLN PL. 1900 GLADES RD., STE. 400 BOCA RATON FL 33431	Principal Office Address C/O GREENFIELD, KATZ DEV., ONE LINCOLN PL. 1900 GLADES RD., STE. 400 BOCA RATON FL 33431	3. Date Formed or Registered 10/17/1983	5a. Capital Contributions as Shown on record \$2,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/02/1995	5b. Amount of Capital Contributions in FL CIRDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	6. FEI Number 59-2449657	
Zip Country	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 KORNFELD, GARY L 1400 CENTREPARK BLVD. STE. 1000 WEST PALM BEACH FL 33401	10. 300001991413--1 Name -10/31/96--01003--002 Street Address (P.O. Box Number Is Not Acceptable) ****191.25 ****191.25 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, submit 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) LINTON INTRACOASTAL CORP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O 1900 GLADES RD.,	11b. City, State & Zip Code BOCA RATON FL 33431	11c. Registration/ Document Number F08019
			<i>OR</i> <i>10-23</i>

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 *[Signature]*

DATE **10/15/96**

Typed or Printed Name of General Partner Signing Form **Linton Intracoastal Corp., by Roy Slack, Pres.** Daytime Telephone Number **407-845-1457**

CR2E003 (6/96)