

**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

96 DEC 17 AM 11:07

SECRET
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A16299

**SOUTH ATLANTIC VENTURE PARTNERS, LIMITED PARTNER
SHIP**



of 12/19

Mailing Address 614 WEST BAY STREET SUITE 200 TAMPA FL 33606-2704		Principal Office Address 614 WEST BAY STREET SUITE 200 TAMPA FL 33606-2704		3. Date Formed or Registered 01/30/1984	5a. Capital Contributions as Shown on record \$100,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/26/1995	5b. Amount of Capital Contributions in FL ORIDA to date 100,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation DE	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. FEI Number 59-2346658	
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 BURTON, DONALD W. 3603 BAYSHORE BLVD. TAMPA FL 33629-8942		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	

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
BURTON, DONALD W.	614 WEST BAY ST., #20	TAMPA FL	
BARBER, SANDRA P.	614 WEST BAY ST., #20	TAMPA FL	

000002055240
-12/20/95-0000-018
***STB, 25 ***0, 70, 20

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 *Donald W. Burton* DATE **12-17-96**
Typed or Printed Name of General Partner Signing Form **DONALD W. BURTON** Daytime Telephone Number **813-253-2500**

CR2E003 (6/96)