

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
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 OCT 25 PM 4: 28



1. Name of Limited Partnership ENCO FLORIDA FUND, LTD.	1a. DOCUMENT # A17525
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Mailing Address 4104 W. LINEBAUGH AVE STE. #201 TAMPA FL 33624	Principal Office Address 4104 W. LINEBAUGH AVE STE. #201 TAMPA FL 33624	3. Date Formed or Registered 07/26/1984	5a. Capital Contributions as Shown on record \$1,456,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 10/19/1995	
2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL	
		6. FEI Number 59-2427012	
		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		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 HOHL, TIMOTHY M. 4104 W. LINEBAUGH AVE STE. #201 TAMPA FL 33624	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City, State, Zip Code FL
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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) EXECUTIVE NATIONAL DEV. CORP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4104 W. LINEBAUGH AVE	11b. City, State & Zip Code TAMPA FL	11c. Registration Document Number F68032
500001996755--8 -11/05/96--01168--004 ****576.25 ****576.25			
KWM			

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 _____ *T. Hohl* DATE 10/21/96
 Typed or Printed Name of General Partner Signing Form Timothy M. Hohl Daytime Telephone Number _____

CR2E003 (6/96)