


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 JAN 13 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  GANDY SC ASSOCIATES, LTD.		1a. DOCUMENT # <b>A17600</b>	
Mailing Address  14 FORTUNE DRIVE BILLERICA MA 01821	Principal Office Address  14 FORTUNE DRIVE BILLERICA MA 01821	3. Date Formed or Registered <b>08/03/1984</b>	5a. Capital Contributions as Shown on record. <b>\$371,250.00</b>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report <b>01/12/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation <b>FL</b>	
City & State	City & State	6. FEI Number <b>04-2852040</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	



3/1/15

9. Name and Address of Current Registered Agent  INSCO, JACK P. 15919 WINDING DRIVE TAMPA FL 33624	10. If changed, new Registered Agent/Office Name David Kulesza Street Address (P.O. Box Number Is Not Acceptable) 4902 Londonderry Dr. Suite, Apt. #, etc. City Tampa FL Zip Code 33647
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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 10.2.96

**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)  FIRST UNION FINANCE SYS	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  14 FORTUNE DRIVE	11b. City, State & Zip Code  BILLERICA MA	11c. Registration/ Document Number  P03021
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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 FIRST UNION FINANCE SYSTEM INC

Daytime Telephone Number (508) 667-3805

CR2E003 (6/96)