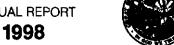
## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE

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1. Name of Limited Partnership

1a. DOCUMENT # A17691

	DESOTO ASSOCIATES, LIMITED	
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Mailing Address	Principal Office Address	3. Date Formed or Registered	<b>58.</b> Capital Contributions as Shown on record.
240 S. PINEAPPLE AVENUE 10TH FLOOR	240 S. PINEAPPLE AVENUE 10TH FLOOR SARASOTA FL 34236	08/21/1984 3a. Date of Last Report	\$400,000.00
SARASOTA FL 34236		01/02/1997	5b. Amount of Capital Contributions in FLORIDA
2. Malling Address	2a. Principal Office Address	4. State or Country of Formation	#400,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number	☐ Applied For
City & State	City & State	59-2432372	Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
<u>-</u> -		8. Make check payable to: Dept. o	f State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
DORE, STEVE 1345 MAIN STREET SARASOTA FL 34238	Name Joseph Hembree 200024065821 Street Address (P.O. Box Number Is Not Acceptable) /21/90 01058 022		
	Street Address (P.O. Box Number Is Not Acceptable) 7 2.17 30		
	Suite, Apt. #, etc. Suite 183		
	Sarasota FL 34236		

10a. Pursuant to the provisions of sections 520,1051 and 620,192, Florida Statules, 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 familier with, and accept the obligations of section 620,192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

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
BAND, DAVID S.	4100 FLAMINGO AVENUE,	SARASOTA FL	
BROWN, DARYL J.	7351 IGUANA DRIVE	SARASOTA FL	
<i>t</i>			
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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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07	7(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 or
	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 Ger	neral Partner of the limited partnership, receiver or truste
	empowered to execute this report as required by chapter 620. Florida Statules.	10/10/27
		12/12/97
		' /

IGNATURE Jayron Band, general portner Daytime Telephone Number 941/366-6666

CR2E003 (6/97)