



**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 Northam Secretary of State DIVISION OF CORPORATIONS		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 DEC 23 PM 1:36</p> 	
1. Name of Limited Partnership COCO PLUM BEACH PARTNERS, LIMITED PARTNERSHIP		1a. DOCUMENT # A19148			
Mailing Address P. O. BOX 622 SANIBEL FL 33957		Principal Office Address P. O. BOX 622 SANIBEL FL 33957		3. Date Formed or Registered 02/19/1985 3a. Date of Last Report 01/02/1996 4. State or Country of Formation FL	
2. Mailing Address P.O. Box 416 Suite, Apt. #, etc. City & State Sanibel, FL Zip 33957		2a. Principal Office Address P.O. Box 416 Suite, Apt. #, etc. City & State Sanibel, FL Zip 33957		5a. Capital Contributions as Shown on record. \$10,000.00 5b. Amount of Capital Contributions in FLORIDA to date: <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. FEI Number 62-1277834		<input type="checkbox"/> \$8.75 Additional Fee Required			
7. Certificate of Status Desired <input type="checkbox"/>		8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent WORTZEL, ALAN S. 2133 PERWINKLE WAY SANIBEL FL 33957	10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____
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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) WORTZEL, ALAN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1875 ARDSLEY WAY	11b. City, State & Zip Code SANIBEL FL	11c. Registration/Document Number 800002042398--6 -12/31/96--01070--005 ****208.75 ****208.75
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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 Alan S. Wortzel DATE 18 December 1996

Typed or Printed Name of General Partner Signing Form Alan S. Wortzel Daytime Telephone Number 941-472-2255

CR2E003 (6/96)