

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB -3 AM 11:35



1. Name of Limited Partnership	1a. DOCUMENT # A19681
PARADISE LAKES UTILITY, LTD.	

Mailing Address 2001 BRINSON ROAD LUTZ FL 33549	Principal Office Address 2001 BRINSON ROAD LUTZ FL 33549	3. Date Formed or Registered 04/10/1985	5a. Capital Contributions as Shown on record \$2,376.00
		3a. Date of Last Report 01/04/1996	5b. Amount of Capital Contributions in FLORIDA to date.
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-2677556	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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	10. If changed, new Registered Agent/Office
BISCHOFF, FRED J. 1901 BRINSON ROAD UNIT Q5 LUTZ FL 33549	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc.
	City FL Zip Code

10a. Pursuant to the provisions of sections 620.105(1) 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
PARADISE LAKES, INC.	P.O. BOX 750	LAND O'LAKES FL	688637 <i>new fee</i>
000002084360--3 -02/11/97--01163--012 ****156.25 ****156.25			

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

Fred J. Bischoff

DATE **12-31-96**

Typed or Printed Name of General Partner Signing Form

FRED J. BISCHOFF

Daytime Telephone Number

813-949-9327