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

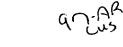
Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

A19722

UMATILLA, LTD.

1. Name of Limited Partnership



FILED 95 OCT 30 PH 2: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Mailing Address Principal Office Address 2424 ENTERPRISE ROAD 2424 ENTERPRISE SUITE G SUITE G			3. Date Formed or Registered 04/18/1985	5a. Capital Contributions as Shown on record \$100.00	
CLEARWATER FL 34623	CLEARWATER FL 34623		3a. Date of Last Report 10/18/1995		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	Contributions in FLORIDA to date	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FE: Number 59-3530316	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	S8.75 Additional	
Zip Country	Zip	Country 8. Make check payable to Dopt of State (See reverse side for fee information)			
9. Name and Address of	10. If changed new Registered Agent/Office				
Flynn, Thomas F 2424 Enterprise Road Suite G Clearwater Fl 34623		Name Street Address (P.O. Box Number is Not Acceptable)			
					Suite Apt # etc
		City FL Zip Code			
			1051 and 620-192, Florida Statutes, the above- ffice or registered agent, or both, in the State digations of section 620-192, Florida Statutes	named Imited partnership of Floridal Such change w	o organized or registered under the laws of t cas authorized by its general partner(s). The
SIGNATURE (Registered Agent Accepting Appointment)			DATE		
			OTHEROUND OR OTHE	O DUDINEGO ENTITY	

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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Numb
FLYNN, THOMAS F.	2769 WESTCHESTER DR.,	CLEARWATER FL	
RUMRELL, RICHARD G.	7077 BONNEVAL RD 200	JACKSONVILLE FL	

100001997291--7 -11/06/86--01017--010 ****200.00 ****200.00

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 eath. I further cert fy that I am a General Partner of the limited partnership receiver or trustee empowered to execute this report as required by chapter 620, Flor da Statutes

SIGNATURE ...

Thomas F. Plynn Typed or Printed Name of General Partner Signing Form

DATE

October 1, 1996

813-797-0098 Daytime Telephone Number :

CR2E003 (6/96)