

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

CK-2 2987
amt 585.00
12-2-96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -2 PM 12:20

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A20945
NEWELL HILL VILLAS LIMITED	



Mailing Address ROUTE 2, BOX 190 MICANOPY FL 32667	Principal Office Address ROUTE 2, BOX 190 MICANOPY FL 32667
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc. 13820 S. Hwy 441	Suite, Apt. #, etc. 13820 S. Hwy 441
City & State Micanopy, FL	City & State Micanopy, FL
Zip 32667	Zip 32667

3. Date Formed or Registered 10/09/1985	5a. Capital Contributions as Shown on record \$286,700.00
3a. Date of Last Report 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date: 286,700.00
4. State or Country of Formation FL	
6. FEI Number 59-2576355	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to Dept. of State (See reverse side for fee information) 585.00	

9. Name and Address of Current Registered Agent GREENE, CLAUDE L., JR. ROUTE 2, BOX 190 MICANOPY FL 32667	10. If changed, new Registered Agent/Office Name Claude L. Greene, Jr. Street Address (P.O. Box Number is Not Acceptable) 13820 S. Hwy 441 Suite, Apt. #, etc. City Micanopy, FL Zip Code 32667
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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.

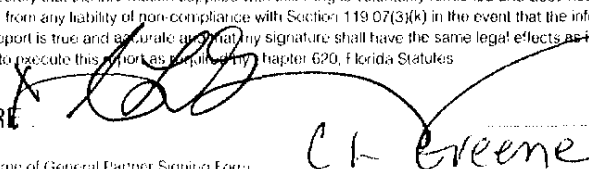
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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) GREENE, CLAUDE L. JR.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ROUTE 2, BOX 190 13820 S. Hwy 441	11b. City, State & Zip Code MICANOPY FL 32667	11c. Registration/Document Number 600002054476--7 -01/10/97--01094--005 ****585.00 ****585.00
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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 **10/12/96**
Typed or Printed Name of General Partner Signing Form **CL Greene** Daytime Telephone Number **407 656 6286**

CR2E003 (6/96)