

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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

96 DEC 23 PM 3: 24



012/87

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership  <b>1360 SARNO ROAD, LTD.</b>	1a. DOCUMENT # <b>A21509</b>
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Mailing Address <b>8005 KINGSWOOD WAY MELBOURNE FL 32940</b>	Principal Office Address <b>8005 KINGSWOOD WAY MELBOURNE FL 32940</b>
2. Mailing Address <b>575 S. WICKHAM ROAD</b> Suite, Apt. #, etc. <b>SUITE E</b> City & State <b>WEST MELBOURNE</b> Zip Country <b>32904 USA</b>	2a. Principal Office Address <b>575 S. WICKHAM ROAD</b> Suite, Apt. #, etc. <b>SUITE E</b> City & State <b>WEST MELBOURNE</b> Zip Country <b>32904 USA</b>

3. Date Formed or Registered <b>12/16/1985</b>	5a. Capital Contributions as Shown on record. <b>\$364,000.00</b>
3a. Date of Last Report <b>01/02/1996</b>	
4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number <b>59-2619054</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>CLARK, COY A. 8005 KINGSWOOD WAY MELBOURNE FL 32940</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) <b>575 S. WICKHAM ROAD</b> Suite, Apt. #, etc. <b>SUITE E</b> City Zip Code <b>WEST MELBOURNE FL 32904</b>
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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) Cozy A. Clark DATE 12/18/96

**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
CLARK, COY A.	<del>8005 KINGSWOOD WAY</del> 575 S. WICKHAM RD STE # 3	<del>MELBOURNE FL 32940</del> WEST MELBOURNE FL 32904	100002042651--S -12/31/96--01086--019 ****576.25 ****576.25

**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 Cozy A. Clark DATE 12/18/96

Typed or Printed Name of General Partner Signing Form COY A. CLARK Daytime Telephone Number 407-723-9888

CR2E003 (6/96)