

**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

96 SEP 27 PM 1:13

1. Name of Limited Partnership: **THE BLOSSOM ESTATE, LTD.**

1a. DOCUMENT #
A21841



Mailing Address % STRAUB CAPITAL CORPORATION 440 ROYAL PALM WAY, SUITE 202 PALM BEACH FL 33480	Principal Office Address % STRAUB CAPITAL CORPORATION 440 ROYAL PALM WAY, SUITE 202 PALM BEACH FL 33480
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 01/16/1986	5a. Capital Contributions as Shown on record \$2,211,810.00
3a. Date of Last Report 10/27/1995	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 59-2630308	<input type="checkbox"/> Applied For <input 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)	

9. Name and Address of Current Registered Agent
**FLEMING, HAILE & SHAW, P.A.
11760 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408**

10. If changed, new Registered Agent/Office

Name: **Straub Capital Corp.**
Street Address (P.O. Box Number is Not Acceptable): **440 Royal Palm Way**
Suite, Apt. #, etc.: **Suite 202**
City: **Palm Beach** FL Zip Code: **33480**

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, Florida Statutes.

SIGNATURE: (Registered Agent Accepting Appointment) *[Signature]*, President DATE: **9/10/96**

**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) STRAUB CAPITAL CORP.	11a. Address of Each General Partner (do NOT Use Post Office Box Numbers) 440 ROYAL PALM WAY, #	11b. City, State & Zip Code PALM BEACH FL	11c. Registration/Document Number H44441
			<p><i>[Signature]</i></p> <p>10-2</p> <p>0000001964370 -10/03/96--01094--001 ***585.00 ***585.00</p>

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 *[Signature]* DATE: **9/10/96**
Typed or Printed Name of General Partner Signing Form: **Glenn E. Straub, President Straub Capital Corp. as General Partner** Daytime Telephone Number: **561-655-4441**

CR2E003 (6/96)