

**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

95 DEC 26 AM 11:27

1. Name of Limited Partnership

1a. DOCUMENT #
A22563

OCALA SC COMPANY LTD.



Mailing Address

7646 N. LOCKWOOD RIDGE ROAD
SARASOTA FL 34243

Principal Office Address

7646 N. LOCKWOOD RIDGE RD.
SARASOTA FL 34243

3. Date Formed or Registered

05/16/1986

5a. Capital Contributions as Shown on record.

\$533,500.00

3a. Date of Last Report

11/14/1995

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-2682638

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

LEVIN, RICHARD M.
4475 SANDER DR.
SUITE A
SARASOTA FL 34243

10. If changed, new Registered Agent/Office

Name

400002050174--4

Street Address (P.O. Box Number is Not Accepted)

01/08/97--01037--001

Suite, Apt. #, etc.

***15471.25 ***576.25

City

FL

Zip Code

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

11-15-96

**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)

OCALA CORPORATE, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

8001 N. FLORIDA AVENUE
1733 W. Fletcher Ave.

11b. City, State & Zip Code

TAMPA FL 33604
33412

11c. Registration/Document Number

P94000077789

FF 576-25
OR
1-3

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

11/25/96

CP2E003 (5/96)