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

1. Name of Limited Partnership

DOCUMENT# A22949

96 DEC 19 PM 12: 39



| RODES ELLIS INDUSTRIAI | L PARTNERS, LTD. | | | | | | | |
|--|---|--|---|---|--|--|--|--|
| Mailing Address % H.J. UNDERILL III 490 NORTH HARBOR CITY BLYD. MELBOURNE FL 32935 | Principal Office Address 16 H.J. UNDERILL III 490 NORTH HARBOR CITY BLVE MELBOURNE FL 32995 | | 3. Date Formed or Registered 07/22/1986 3a. Date of Last Report 01/03/1996 | 5a. Capital Contributions as Shown on record. \$18,086.00 5b. Amount of Capital Contributions in FLORIDA | | | | |
| 2. Mailing Address | SHIPPED DEC 1 6 1 2a. Principal Office Address | 360 | 4. State or Country of Formation | Contributions in FLORIDA to date | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number 59-2689586 | Applied For Not Applicable | | | | |
| City & State | City & State | | 7. Certificate of Status Desired | \$8.75 Additional Fee Required of State (See reverse side for fee information) | | | | |
| Zip Country | Zip | Country | 8. Make check payable to: Dept. o | | | | | |
| 9. Name and Address o | of Current Registered Agent | 10. If changed, new Registered Agent/Office Name | | | | | | |
| UNDERHILL, H. J., III 490 N. HARBOR CITY BLVD. MELBOURNE FL 32935 | · | Street Address (P.O Suite, Apt. #, etc. City | .0. Box Number Hold Call Call Call Call Call Call Call Ca | | | | | |
| for the purpose of changing its registered agent. I am familiar with, and accept the discount of the second | 0.1051 and 620.192, Florida Statutes, the above-name I office or registered agent, or both, in the State of Flo obligations of section 620.192, Florida Statutes. THAT IS A CORPORATION, I MUST BE REGISTERED AN | rida Such change was r | authorized by its general partner(s). I her DATE TINERSHIP OR OTHE | reby accept the appointment of registered | | | | |
| 11. Name(s) of General Partner(s) | 11a. (Do NOT Use Post Office B | | · · · · · · · · · · · · · · · · · · · | 11c. Registration/ Document Number | | | | |
| UNDERILL, H.J., III | 2015 NORTH HWY. A1A | | INDIALANTIC FL | CR2EO(3 (6/96) | | | | |
| Note: General partners MA | Y NOT be changed on this form | n; an amendm | ent must be filed to ch | ange a general partner. | | | | |

| 12. | I do hereby certify that the information s | upplied with this filing is vo | duntarily furnisi | hed and does | not qualify f | or the exempt | ion stated in | Section 119.07(3)() |), Florida Statutes. | I release the | Division of | |
|-----|--|--------------------------------|-------------------|----------------|---------------|------------------|------------------|---------------------|-------------------------|----------------|----------------|--------|
| | Corporations from any liability of non-co | mpliance with Section 119 | .07(3)(k) in the | event that the | information | supplied is de | eemed exem | pt from public acce | ss. I further certify i | hat the inforr | nation indicat | ed on |
| | this ennual report is true and accurate a | nd that my signature shall | have the same | legal effects | as if made u | inder oath. I fu | irther certify t | that I am a General | Partner of the limite | d partnership | o, receiver or | truste |
| | empowered to execute this report as re- | quired by shapter 620, Flor | rida Statutes | | 7 | | | | | | | |

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number