

**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
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FLORIDA
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 96 DEC 18 AM 11:08

1. Name of Limited Partnership FELLSMERE INVESTORS, LTD.	1a. DOCUMENT # A22980
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Mailing Address 215 BAYTREE DR STE 1 MELBOURNE FL 32940	Principal Office Address 215 BAYTREE DR STE 1 MELBOURNE FL 32940	3. Date Formed or Registered 07/29/1986	5a. Capital Contributions as Shown on record \$112,500.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 12/22/1995	5b. Amount of Capital Contributions in F. OR (DA to date) <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		4. State or Country of Formation FL	
		6. FEI Number 59-2796648	<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 MITCHELL, BRUCE A. 1825 SOUTH RIVERVIEW DRIVE MELBOURNE FL 32901	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) FELLSMERE DEV. CORP. INC GLOVER, JOSEPH H.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 410 N. WICKHAM RD., # 3109 S. MAIN STREET	11b. City, State & Zip Code MELBOURNE FL MELBOURNE FL	11c. Registration/Document Number H13781
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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 Div's on 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 _____

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (6/96)