## 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

A23557

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RAYMOND F. SKINNER, I	LTD.		} \\ \text{16888} \text{1688}	I KINDI BINDI BINI KODI DIDIN BININ BININ BININ DIDIN BININ BININ BININ BI	
			3. Date Formed or Regi		
failing Address 5148 MENNO PLACE	5148 MENNO PL	Principal Office Address 5148 MENNO PLACE SARASOTA FL 34232		stered 58. Capital Contributions as Shown on record. \$250,000.00	
SARASOTA FL 34232	SARASOTA FL 3				
2. Mailing Address	2a. Principal Offi	2a. Principal Office Address		<b>5b.</b> Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable	
City & State	City & State	City & State			
Zip Country	Zip	Zip Country		Sesired \$8.75 Additional Fee Required	
<del></del>			8. Make check payable	to: Dept. of State (See reverse side for fee informat	
9. Name and Address r	of Current Registered Agent	<del></del>	10, If changed, nev	v Registered Agent/Office	
SKINNER, RAYMOND F.		Name			
5148 MENNO PLACE SARASOTA FL 34232		Street Add	Street Address (P.O. Box Number Is Not Acceptable)		
SARASOTA FL 34232		Suite Ant	#. etc.		
SARASOTA FL 34232		Suite, Apt	#, etc.	I 2ii Code	
SARASOTA FL 34232		Suite, Apt.	#, etc.	FL Zip Code	
Oa. Pursuant to the provisions of sections 62t for the purpose of changing its registered agent. I am familiar with, and accept the	d office or registered agent, or both, i obligations of section 620,192, Floric	City  , the above-named limited partinithe State of Florida Such cha	nership organized or registered under th	FL   ne laws of the State of Florida, submits this statemerer(s). I hereby accept the appointment of register	
Oa. Pursuant to the provisions of sections 62t for the purpose of changing its registered agent. I am familiar with, and accept the IGNATURE (Registered Agent Accepting Appoin	d office or registered agent, or both, obligations of section 620 192, Floric street, and the section 620 192 of t	City  , the above-named limited part, in the State of Florida Such chala Statutes.	nership organized or registered under th nge was authorized by lts general partr	FL   ne laws of the State of Florida, submits this stateme ner(s). I hereby accept the appointment of registere DATE  OTHER BUSINESS ENTIT	
Oa. Pursuant to the provisions of sections 62t for the purpose of changing its registered agent. I am familiar with, and accept the GNATURE (Registered Agent Accepting Appoin	d office or registered agent, or both, obligations of section 620 192, Floric street, and the section 620 192 of t	City  , the above-named limited part, in the State of Florida Such chala Statutes.	nership organized or registered under the nge was authorized by its general partress.	PL   ne laws of the State of Florida, submits this stateme ner(s). I hereby accept the appointment of registere DATE  DATE  DEFINITION DEFINITI	
Oa. Pursuant to the provisions of sections 62t for the purpose of changing its registered agent. I am familiar with, and accept the GNATURE (Registered Agent Accepting Appoin A GENERAL PARTNER 1	d office or registered agent, or both, obligations of section 620 192, Floric street, and the section 620 192, Floric street,	the above-named limited part, in the State of Florida Such chala Statutes.  RATION, LIMITEE ERED AND ACTI	nership organized or registered under the name was authorized by its general partress.  PARTNERSHIP OR VE WITH THIS OFFICE	PL ne laws of the State of Florida, submits this statemer(s). I hereby accept the appointment of registers  DATE  OTHER BUSINESS ENTIT  E. Registration/	

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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	rymore
	V

SIGNATURE Raymond & Skinner DATE 12/04/96

Typed or Printed Name of General Partner Signing Form RAYMOND F SKINNER JR Daytime Telephone Number 941-371 2750 × 173