


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB -7 PM 12: 32



LIMITED PARTNERSHIP ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership BERNARD EGAN LTD.		1a. DOCUMENT # A26060	
Mailing Address 1900 OLD DIXIE HIGHWAY FT. PIERCE FL 34946		Principal Office Address 1900 OLD DIXIE HIGHWAY FT. PIERCE FL 34946	
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 03/08/1988		5a. Capital Contributions as Shown on record. \$141,629.00	
3a. Date of Last Report 12/18/1995		5b. Amount of Capital Contributions in FLORIDA to date: \$171,629.00	
4. State or Country of Formation FL		6. FEI Number 65-0033161 <input type="checkbox"/> Applied For <input checked="" 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 NELSON, GREGORY P 1900 OLD DIXIE HIGHWAY FT. PIERCE FL 34946		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 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	

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
EGAN, BERNARD A BERNARD EGAN & COMPANY	1900 OLD DIXIE HIGHWA 1900 OLD DIXIE HIGHWA	FT. PIERCE FL FT. PIERCE FL	535018
400002084614--9 02/12/97--01005--004 ****751.25 ****541.25 New Fees-541.25 KWM			

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 *Bernard A. Egan*
Typed or Printed Name of General Partner Signing Form **Bernard A. Egan**

DATE **12/27/96**
Daytime Telephone Number **(561) 465-7555**

CR2E003 (6/96)