

**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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DEC 19 PM 2:20

1. Name of Limited Partnership

1a. DOCUMENT #  
**A26728**

**RSM I, LTD.**



Mailing Address

902 CLINT MOORE ROAD, BLDG. 4, STE. 100  
BOCA RATON FL 33487

Principal Office Address

902 CLINT MOORE ROAD, BLDG. 4, STE. 100  
BOCA RATON FL 33487

3. Date Formed or Registered

07/13/1988

5a. Capital Contributions as Shown on record

\$200.00  
- 0 -

3a. Date of Last Report

12/29/1995

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

FL

6. FEI Number

65-0060648

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)

2. Mailing Address

243 N.E. 5th Ave.

State, Apt. #, etc.

Delray Beach, FL

City & State

33483 Palm Beach

Zip

Country

2a. Principal Office Address

243 N.E. 5th Ave.

State, Apt. #, etc.

Delray Beach, FL

City & State

33483 Palm Beach

Zip

Country

9. Name and Address of Current Registered Agent

MORRISON, R. SCOTT JR.  
902 CLINT MOORE ROAD  
BLDG 4, STE 100  
BOCA RATON FL 33487

mp 12/20/96  
mp

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

243 NE 5th Avenue

State, Apt. #, etc.

Delray Beach

City

FL 33483

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)

OCALA PRINCE, INC.

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

902 CLINT MOORE ROAD  
243 N.E. 5th Ave.

11b. City, State & Zip Code

BOCA RATON FL 33487  
Delray Beach, FL  
33483

11c. Registration/Document Number

K27304

200002040192--1  
-12/27/96--01135--023  
\*\*\*\*191.25 \*\*\*\*191.25

**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

*R. Scott Morrison*  
R. Scott Morrison

DATE

12/16/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(561) 243-2997

CR2E003 (6/96)