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 Umited Partnership

1a. DOCUMENT #

FILED 97 JAN -2 AN 10: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| Principal Office Address 676 REEF RD. VERO BEACH FL 32963 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip gistered Agent | Country Name Street Address (F | 3. Date Formed or Registered 09/15/1988 3a. Date of Last Report 12/26/1995 4. State or Country of Formation DE 6. FEI Number 65-0064210 7. Certificate of Status Desired 8. Make check payable to Dept. | |
|---|---|---|---|
| 676 REEF RD. VERO BEACH FL 32963 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip | Name | 09/15/1988 3a. Date of Last Report 12/26/1995 4. State or Country of Formation DE 6. FEI Number 65-0064210 7. Certificate of Status Desired 8. Make check payable to: Dept. | \$1,027,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 1,027,000 Applied For Not Applicable \$8.75 Additional Fee Required of State (See reverse side for fee information steel Agent/Office |
| 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip | Name | 12/26/1995 4. State or Country of Formation DE 6. FEI Number 65-0064210 7. Certificate of Status Desired 8. Make check payable to: Dept. | 5b. Amount of Capital Contributions in FLORIDA to date: 1,027,000 Applied For Not Applied For Not Applied Fee Required of State (See reverse side for fee information ared Agent/Office |
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| City & State | Name | 6. FEI Number 65-0064210 7. Certificate of Status Desired 8. Make check payable to: Dept. 10. If changed, new Registe | Applied For Not Applied For Not Applied For Not Applied For Required of State (See reverse side for fee information ared Agent/Office |
| City & State | Name | 7. Certificate of Status Desired 8. Make check payable to Dept. 10. If changed, new Registe | S8.75 Additional Fee Required of State (See reverse side for fee information ared Agent/Office |
| Z;p | Name | 8. Make check payable to Dept. 10. If changed, new Registe | of State (See reverse side for fee information sted Agent/Office |
| · | Name | 10. If changed, new Registe | of State (See reverse side for fee information sted Agent/Office |
| gistered Agent | | | |
| gistered Agent | | | |
| | | P.O. Box Number Is Not Acceptable) | |
| | Street Address (F | P.O. Box Number Is Not Acceptable] | |
| | Street Address (P.O. Box Number Is Not Acceptable) 2052058—2 | | |
| | Suite, Apt. #, etc. ———————————————————————————————————— | | |
| | City FL Zip Code | | |
| stered agent, or both, in the State of F section 620,192, Florida Statutes. | Forlda. Such change w | vas authorized by its general partner(s). I h | f the State of Florida, submits this statement ereby accept the appointment of registered |
| BE REGISTERED AT | ND ACTIVE | ARTNERSHIP OR OTH WITH THIS OFFICE. | |
| Address of Each Gene 11a. (Do NOT Use Post Office | eral Partner Box Numbers) 11 | lb. City, State & Zip Code | 11c. Registration/ Document Number |
| 676 REEF RD. | | VERO BEACH FL 32963 | P22883 |
| | A CORPORATION, BE REGISTERED A Address of Each Gen (Do NOT Use Post Office | O.192, Florida Statutes, the above-named limited partnershipstered agent, or both, in the State of Florida. Such change visection 620,192, Florida Statutes. A CORPORATION, LIMITED PASE REGISTERED AND ACTIVE Address of Each General Partner Address of Each General Partner 1111. (Do NOT Use Post Office Box Numbers) | O.192. Florida Statutes, the above-named limited partnership organized or registered under the laws o stered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). The section 620.192, Florida Statutes. DAT A CORPORATION, LIMITED PARTNERSHIP OR OTH BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Do NOT Use Fost Office Box Numbers) 11b. City, State 3 Zip Code |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. It do hereby certify that the information supplied with this filling 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 recort as required by chapter 76% Florida Statutes.

GNATURE a M. Kadel Prenche Newtork

DATE 12/28/96

CHZE003 (6/96)