

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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 11 PM 3:48



1. Name of Limited Partnership
1a. DOCUMENT #
A27519

SPRING WATER, LTD.

Mailing Address 6455 N.W. 73RD STREET MIAMI FL 33147		Principal Office Address 3455 N.W. 73RD STREET MIAMI FL 33147		3. Date Formed or Registered 12/12/1988	5a. Capital Contributions as Shown on record. \$285,001.00
2. Mailing Address 914 MATANZAS AVE. Suite, Apt. #, etc.		2a. Principal Office Address 914 MATANZAS AVE. Suite, Apt. #, etc.		3a. Date of Last Report 12/18/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$20,000
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL		4. State or Country of Formation FL	6. FEI Number 59-2921086 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33146 Country USA		Zip 33146 Country USA		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 SPRING WATER, INC. 3455 N.W. 73RD STREET MIAMI FL 33147	10. If changed, new Registered Agent/Office Name SPRING WATER, INC. Street Address (P.O. Box Number Is Not Acceptable) 914 MATANZAS AVE. Suite, Apt. #, etc. City CORAL GABLES FL Zip Code 33146
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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) SPRING WATER, INC.
BY: [Signature] VICE PRESIDENT 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) SPRING WATER, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6455 N.W. 73RD STREET 914 MATANZAS AVE	11b. City, State & Zip Code MIAMI FL CORAL GABLES, FL 33146	11c. Registration/Document Number K50874
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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 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 SPRING WATER, INC.
BY: [Signature] VICE PRESIDENT DATE _____

Typed or Printed Name of General Partner Signing Form

GARY D. LIPSON

Daytime Telephone Number 305-667-2538

CR2E003 (6/96)