

**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
---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 18 AM 9:15

1. Name of Limited Partnership	1a. DOCUMENT # A27763
SUTTON INVESTMENTS, LTD.	



Mailing Address 820 LAKEVIEW DRIVE MIAMI BEACH FL 33140	Principal Office Address 820 LAKEVIEW DRIVE MIAMI BEACH FL 33140
2. Mailing Address 7660 Granville Dr	2a. Principal Office Address 7660 Granville Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tamarac, Florida	City & State Tamarac, Florida
Zip 33321	Zip 33321
Country	Country

3. Date Formed or Registered 12/30/1988	5a. Capital Contributions as Shown on record \$667,965.00
3a. Date of Last Report 12/12/1995	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	
6. FEI Number 65-0084567	<input type="checkbox"/> Applied For <input 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 SUTTON, ALBERT A 820 LAKEVIEW DRIVE MIAMI BEACH FL 33140	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City 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
ALBERT A. SUTTON, REVOCABLE	820 LAKEVIEW DR.	MIAMI BEACH FL	G93060900017
LORRAINE P. SUTTON, REVOCABLE	820 LAKEVIEW DR.	MIAMI BEACH FL	G93060900019

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 *Lorraine Sutton* DATE 12/14/96
Typed or Printed Name of General Partner Signing Form LORRAINE SUTTON Daytime Telephone Number 954-721-3303

CR2E003 (6/96)