

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

**FILED**

95 DEC 30 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten initials*

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1.</b> Name of Limited Partnership  SFLP, LTD.	<b>1a.</b> DOCUMENT # <b>A27808</b>
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<b>2.</b> Mailing Address P. O. BOX 2973 PALM BEACH FL 33480	<b>2a.</b> Principal Office Address P. O. BOX 2973 PALM BEACH FL 33480	<b>3.</b> Date Formed or Registered 01/24/1989	<b>5a.</b> Capital Contributions as Shown on record. \$700,000.00
		<b>3a.</b> Date of Last Report 01/03/1996	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date: \$10,000.00
		<b>4.</b> State or Country of Formation FL	
Suite, Apt. #, etc.		<b>6.</b> FEI Number 65-0179680 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		<b>7.</b> Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9.</b> Name and Address of Current Registered Agent  HERON, J E 232 AUSTRALIAN AVE. PALM BEACH FL 33480	<b>10.</b> If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) *Jean E Heron* DATE 12-20-96

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11.</b> Name(s) of General Partner(s)  FLP INVESTMENT CORP.	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers) P. O. BOX 2973 N/A 232 Australian Ave Suite 2	<b>11b.</b> City, State & Zip Code PALM BEACH FL  100002053231--2 -01/09/97--01108--012 ****208.75 ****208.75	<b>11c.</b> Registration/Document Number K45946
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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 *Jean E Heron as President* DATE 12-20-96  
BY THE GENERAL PARTNER FLP Investment Corp. *Jean E Heron as President* *m. HER*

CR2E003 (6/96)