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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

96 NOV -8 PM 3: 49

1. Name of Limited Partnership	1a. DOCU A27810	1a. DOCUMENT # A27810			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
THE THOMAS K. COUGHLI P-B	N FAMILY LIMITED PA	ARTNERSH	-11)				
Mailing Address 141 SAGE BRUSH TRAIL SUITE A	Principal Office Address 141 SAGE BRUSH TRAIL SUITE A			3. Date Formed or Registered 01/25/1989		5a. Capital Contributions as Shown on record \$27,000.00		
ORMOND BEACH FL 32174 ORMOND BEACH FL 321		74		3a. Date of Last Report 12/19/1995	5b. Amount of Capital Contributions in FLOREDA to date			
2. Mailing Address	2a. Principal Office Addres	2a. Principal Office Address		4. State or Country of Formation		17, 825.00		
Suite, Apt #, etc.	Suite, Apt. #, etc.			6. FEI Number 59-2913877	Applied For Not Applicable			
City & State Zip Country	Zip	City & State Zip Country		7. Certificate of Status Desired		\$8.75 Additional Fee Required		
				8. Make check payable to Dept	of State (See rev	erse side for fee information		
9. Name and Address of C	urrent Registered Agent			10. If changed, new Registe	ered Agent/Office			
COUGHUN, THOMAS K.		Name						
141 SAGE BRUSH TRAIL		Street Address (P.O. Box Number Is Not Acceptative)						
SUITE A ORMOND BEACH FL 32074		Suite, Apt #, etc						
		City			FL	Zip Code		
10a. Pursuant to the provisions of sections 620 10 for the purpose of changing its registered off agent. I am familiar with land accept the oblining SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER THI	ice or registered agent, or both in the State gations of section 620 192, Florida Statutes intl AT IS A CORPORATIO UST BE REGISTERED	of Florida Such char N, LIMITED AND ACTIV	PART	orized by its general partner(s) Th DATE DERSHIP OR OTH	ereby accept the	appointment of registered		
11. Name(s) of General Partner(s)	Address of Each C	General Partner ffice Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number		
COUGHLIN, THOMAS K.	141 SAGE BRUSH	141 SAGE BRUSH TR.STE		ORMOND BEACH FL				
COUGHLIN, KATHLEEN N.	141 SAGE BRUSH	TR.STE	OR	MOND BEACH FL				
•		į	l	20 (((1000) 1171 +1171 ****	10)(11)1 9796-01 761,58	37721 77 1477 - 016 *****2£31.56		

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. The ease 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 truste-
	emportanced to execute this report as you find by physics COD. Storich Stotutes

SIGNATURE -

Thomas K. Coughlin Typed or Printed Name of General Partner Signing Form

DATE

10.20.86

672-7281