

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

FILED

96 DEC 30 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A28083
FLOYD A. STERN FAMILY LIMITED PARTNERSHIP	

Mailing Address 515 E. GARDEN STREET LAKELAND FL 33805	Principal Office Address 515 E. GARDEN STREET LAKELAND FL 33805
2. Mailing Address 601 LAUREL LANE	2a. Principal Office Address 601 LAUREL LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LAKELAND, FL	City & State LAKELAND, FL
Zip 33813	Country USA

3. Date Formed or Registered 03/20/1989	5a. Capital Contributions as Shown on record. \$500,000.00
3a. Date of Last Report 12/18/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$106,785.00
4. State or Country of Formation FL	6. PEI Number 59-2967376 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" 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 STERN, FLOYD A., MD 515 E. GARDEN STREET LAKELAND FL 33805	10. If changed, new Registered Agent/Office Name FLOYD A. STERN, M.D. Street Address (P.O. Box Number is Not Acceptable) 601 LAUREL LANE Suite, Apt. #, etc. City LAKELAND FL Zip Code 33813
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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) _____ 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) STERN, FLOYD A., MD	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 515 E. GARDEN STREET	11b. City, State & Zip Code LAKELAND FL 33805	11c. Registration/ Document Number 20000205217-5 -01/09/97--01073--002 ***\$585.00 ***\$585.00
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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 Floyd A. Stern, MD - general partner DATE Dec 12, 1996

CR2E003 (6/96)