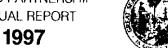
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

96 DEC 23 AM 9: 33



TNERSHIP	LID. A FLORIDA LIIVII	IEU PAN		m 17 130	
ing Address Principal Office Address 101 MANATEE AVE. W. 1401 MANATEE AVE. W. 11401 MANAT			3, Date Formed or Registered 07/12/1989 38. Date of Last Report		5a. Capital Contributions as Shown on record.
			-	04/01/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address			FL	\$2,900,000.00
Suite, Apt #, etc	Suite Apt. #, etc.			6. FEI Number NOT APPLICABLE	Applied For
City & State	City & State			7. Certificate of Status Desired	Not Applicable \$8.75 Additional
Zip Country	Zip	7m Country		Fee Required 8. Make check payable to Dept. of State (See reverse side for fee information)	
				10 Kaharan Pasistan	ALALAUOTE.
9. Name and Address of Current Registered Agent ROSKAMP, STEVEN D.		10. If changed, new Registered Agent/Office Name			
1401 MANATEE AVENUE WEST SUITE 800 BRADENTON FL 34205		Street Address (P.O. Box Number is Not Acceptable)			
		Suite Apt #, etc. 000020443206 City -01/03/9701060cod917 ****\$576.25L ****\$576.25			
		City			
SIGNATURE [Registered Agent Accepting Appointme A GENERAL PARTNER TH		, LIMITED	PART	NERSHIP OR OTHE	
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c. Registration/ Document Number
ROBERT G. ROSKAMP	1401 MANATEE AVE.	1401 MANATEE AVE. W.,		ADENTON FL 34205	
Note: General partners MAY	NOT be changed on this fo	rm; an am	endmei	nt must be filed to ch	ange a general partner
12. I do hereby certily that the information supplie Corporations from any liability of non-compiler this annual report is true and accurate and that empowered to execute this report as required.	d with this filling is voluntarily furnished and doe nee with Section 119.07(3)(k) in the event that it it my signature shall have the same legal effect	es not qualify for the	e exemption plied is deem	stated in Section 119.07(3)(k), Floridated exempt from public access. I furt	a Statutes. Freease the Division of ther certify that the Information indicated of the limited partnership, receiver or trus
SIGNATURE. /\	~. KNm			DATE	12/6/96

G. Roskamp

Daytime Telephone Number (941) 746-2201