

**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 Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 29 PM 4:21



1. Name of Limited Partnership VENICE PINES PLAZA LTD.	1a. DOCUMENT # A28697
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Mailing Address % J. BOB HUMPHRIES 501 E. KENNEDY BLVD. #1700 TAMPA FL 33602	Principal Office Address 17757 U.S. 19 NORTH, SUITE #350 CLEARWATER FL 34624	3. Date Formed or Registered 07/28/1989	5a. Capital Contributions as Shown on record. \$800,000.00
		3a. Date of Last Report 04/02/1996	
2. Mailing Address 17757 US 19 North Suite, Apt. #, etc. 350 City & State Clearwater, FL Zip 34624 Pinellas	2a. Principal Office Address 17757 U.S. 19 North, Suite #350 Clearwater, FL Zip 34624 Pinellas	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date. \$800,000.00
		6. FEI Number 59-2980692	<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 WOHLWEND, BETH C/O WESTFALIA REALTY, INC. 17757 U.S. 19 NORTH, SUITE #350 TAMPA FL 34624	10. If changed, new Registered Agent/Office Name Bernhard Assies Street Address (P.O. Box Number is Not Acceptable) 17757 U.S. 19 North suite 350 Suite, Apt. #, etc. City Clearwater Zip Code FL 34624
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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) B. Wohlwend 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.**

11. Name(s) of General Partner(s) MELENZ CHUNN FINANCIAL SERV	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2412 PARK CENTRAL BLV	11b. City, State & Zip Code DECATUR GA	11c. Registration/Document Number G68480
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-02/05/97-01071--027
****585.00 ****585.00
1-31

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 The Sembler Company as Court Appointed Receiver BY: Alan Logan Asst. Secretary DATE 1-7-97

Typed or Printed Name of General Partner Signing Form The Sembler Company as Receiver Alan Logan Daytime Telephone Number 813-384-6000

CR2E003 (5/96)