

**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 Mortham Secretary of State DIVISION OF CORPORATIONS
---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB -7 AM 9:40



1. Name of Limited Partnership	1a. DOCUMENT # A29199
--------------------------------	---------------------------------

CHERRYSTONES LIMITED PARTNERSHIP

Mailing Address 2501 NE 46 ST. LIGHTHOUSE POINT FL 33064		Principal Office Address 2501 NE 46 ST. LIGHTHOUSE POINT FL 33064		3. Date Formed or Registered 11/08/1989	5a. Capital Contributions as Shown on record. \$9,900.00
				3a. Date of Last Report 09/29/1995	5b. Amount of Capital Contributions in FLORIDA to date: 9900.00
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0158851 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent DYAL, J. PATRICK 1401 E. BROWARD BLVD. FT. LAUDERDALE, FL FL 33301	10. If changed, new Registered Agent/Office Name CHARLES J. SEITZ Street Address (P.O. Box Number Is Not Acceptable) 101 N. RIVERSIDE DR; Suite 205 Suite, Apt. #, etc. Suite 205 City Pompano Beach FL Zip Code 33062
--	--

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) *Charles J. Seitz*

DATE **12-1-97**

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
FOOD & ENTERTAINMENT CON	2501 NE 46 ST.	LIGHTHOUSE POINT FL 3	J13863
			CR 2-11 200002084942--6 -02/12/97--01029--006 ****208.75 ****208.75

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

Charles J. Seitz, Pres. for Gen. Pte.

DATE **12-10-96**

Typed or Printed Name of General Partner Signing Form

CHARLES J. SEITZ

Daytime Telephone Number

954/942-5474

CR2E003 (6/96)