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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

PARROT JUNGLE AND GARDENS, LTD.



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

1a. DOCUMENT # **A29375**  DIVISION OF CORD OF STATE

96 DEC 27 PM 1:42



					cs/5112		
Mailing Address 11000 S.W. 57TH AVENUE MIAMI FL 33156		Principal Office Address 11000 S.W. 57TH AVENUE MIAMI FL 33156	11000 S.W. 57TH AVENUE		3. Date Formed or Registered 12/19/1989 3a. Date of Last Report 02/06/1996	5a. Capital Contributions as Shown on record \$150,000.00	
2. Mailing Address		2a. Principal Office Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
Suito, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0067082	Applied For Not Applicable	
City & State		City & State	City & State		7. Certificate of Status Desired		
Zip Country		Zip Country				\$8.75 Additional Fee Required	
		W W W W W W W W W W W W W W W W W W W			Make check payable to: Dept. o	f State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
RB BIRDS, INC.			Name				
11000 SW 57TH	AVE		Street Address (P.¢ Suite, Apt. #, etc		P.O. Box Number is Not Acceptable)		
MIAMI FL 33324							
			City		FL Zip Code		
for the purpose of agent. I am familia SIGNATURE (Hegistered A	changing its registered officer with, and accept the obligation of the child	T IS A CORPORATION,	onda Such cha	nge was aut	horized by its general partner(s). I her	eby accept the appointment of registered	
11. Name(s) of Gen		IST BE REGISTERED AN 11a. (Do NOT Use Post Office		l		Registration/	
	iciai acea(s)		Box Numbers)	11b.	City, State & Zip Code	11c. Document Number	
RB BIRDS, INC.	RB BIRDS, INC. 11000 SI		17TH AVE		AMI FL	K34983	
,					4000021 -01/07 ****\$	0481244 /9701089015 78.25 ****576.25	
4							
12. I do hereby certily the Corporations from artible annual report is	iat the information supplied winy liability of non-compliance true and accurate and that m	OT be changed on this form with this firing is voluntarily furnished and does it with Soction 14, 07(3)(k) in the event that the my signature wall have the same legal effects a	not qualify for the	e exemption plied is deer	stated in Section 119.07(3)(k), Florida	Statutes Trelease the Division of ner certify that the information indicated on	
empowared to execu	ute this report <b>a</b> , required by	phapter 639. Elorida Sagutes.					

Daytime Telephone Number