

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership <b>SCOTT FAMILY, LTD.</b>		1a. DOCUMENT # <b>A29474</b>
Mailing Address P.O. BOX 593208 ORLANDO FL 32859-3208		Principal Office Address 1011 W. LANCASTER ROAD ORLANDO FL 32809
2. Mailing Address		2a. Principal Office Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
		Country
3. Date Formed or Registered		5a. Capital Contributions as Shown on record <b>\$700,223.00</b>
12/20/1989		5b. Amount of Capital Contributions in FLORIDA to date <b>\$700,223.00</b>
3a. Date of Last Report <b>09/21/1995</b>		4. State or Country of Formation <b>FL</b>
6. FEI Number <b>59-2983967</b>		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 <b>SCOTT, BARBARA F. 5926 BENT PINE DRIVE APT. #128 ORLANDO FL 32822</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code
---	--

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) <b>SCOTT, BARBARA F.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>5926 BENT PINE DRIVE,</b>	11b. City, State & Zip Code <b>ORLANDO FL 32822</b>	11c. Registration/ Document Number <b>590001962225 -10/02/96 -01000 -006 *****576.25 *****576.25</b>
---	--	--	--

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  
*Barbara F. Scott*

Barbara F. Scott  
Typed or Printed Name of General Partner, Signature Form

DATE *9/16/96*  
(407)859-4390

Daytime Telephone Number

CR2E003 (6/96)