

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

FILED

97 JAN -3 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21-13

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A29709
BROOKSIDE TREE FARM LIMITED PARTNERSHIP	



2. Mailing Address	2a. Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
%BROOKSIDE TREE FARM, INC. 288 Z SMITH SUNDY ROAD DELRAY BEACH FL 33446	%BROOKSIDE TREE FARM, INC. 288 Z SMITH SUNDY ROAD DELRAY BEACH FL 33446	02/26/1990	\$870,000.00
3. Date of Last Report	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
02/06/1996	FL	\$ 870 000.00	
6. FEI Number	7. Certificate of Status Desired		
65-0198522	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent
BROOKSIDE TREE FARM, INC. 288 Z SMITH SUNDY RD DELRAY BEACH FL 33446

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number, State, City, Zip)
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BROOKSIDE TREE FARM INC	7085 AYRSHIRE LANE	BOCA RATON FL	L48195

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 the report as required by Chapter 620, Florida Statutes.

SIGNATURE *Steven Wolf* DATE *11/21/96*

Typed or Printed Name of General Partner Signing Form *STEVEN WOLF* Daytime Telephone Number *561 496 1280*

CR2E003 (6/96)