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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

1997		Secretary of State DIVISION OF CORPORATI	ions 96 SFP	16 AM 9: 50	
1. Name of Limited Partnership	<sup>1a.</sup> A3	DOCUMENT :	#		
FLORIDA AVENUE STUDI	O PARTNERS				
Mailing Address P.O. BOX 1010 BOCA GRARDE FL 33921	Principal Office Address 1861 PLACIDA ROAD. SUITE 104 ENGLEWOOD FL 34223		3. Date Formed or Registered 05/08/1990  3a. Date of Last Report 12/07/1995	5a. Capital Contributions as Shown on record. \$275,000.04  5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Princi	pal Office Address	4. State or Country of Formation	Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. 6		6. FEL Number 1056	Applied For Not Applicable	
City & State  Zip Country	City & State	Country	7. Certificate of Status Desired	\$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 Agen	nt .	10. If changed, new Registe	ered Agent/Office	
BATSEL, C. GUY		Name			
1861 PLACIDA ROAD, SUITE 104 Stree			Street Address (P.O. Box Number Is Not Acceptable)		
ENGLEWOOD FL 34223			Suite, Apt #, etcU372U736U1U24U13		
		City	****576,25 ****576,25 City Zip Code		
				FL	
	ed office or registered agent, o	or both, in the State of Florida. Such o	artnership organized or registered under the laws of change was authorized by its general partner(s). I h		
SIGNATURE (Registered Agent Accepting Appoi			DAT		
A GENERAL PARTNER	THAT IS A COR MUST BE REG	RPORATION, LIMITE SISTERED AND ACT	D PARTNERSHIP OR OTH TIVE WITH THIS OFFICE.	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. (c	Address of Each General Partner to NOT Use Post Office Box Numbers	s) 11b. City, State & Zip Code	11c. Registration/ Document Number	
CHARLOTTE HRBR GROUP,INC	231	DAMFICARE ST.	BOCA GRANDE FL	L47819 (%)(%)(%)(%)(%)(%)(%)(%)(%)(%)(%)(%)(%)(	
·				97/KWM	
Note: General partners MA	Y NOT be chang	ed on this form; an a	mendment must be filed to c	hange a general partner.	
Corporations from any liability of non-com-	pliance with Section 119.07(3 I that my signature shall have	l)(k) in the event that the information s the same legal effects as if made un	or the examption stated in Section 119.07(3)(k), Flori supplied is deemed exempt from public access. I funder oath. I further certify that I am a General Partne	orther certify that the information indicated on	
SICHATURE /	Y/ $-$	•	DATE	9-9-96	
SIGNATURE	NS	······		241 04 1/ - 79 5	

Typed or Printed Name of General Partner Signing Form Terry Scitz Daytime Telephone Number 941-964-0585