


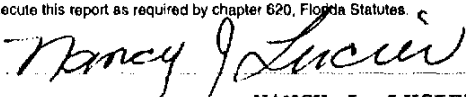


**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

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 APR 10 PM 3:46 	
1. Name of Limited Partnership THE LUCIER FIRST FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A30640			
Mailing Address 109 CANNON COURT WEST PONTE VEDRA BEACH FL 32082		Principal Office Address 109 CANNON COURT WEST PONTE VEDRA BEACH FL 32082		3. Date Formed or Registered 09/26/1990 3a. Date of Last Report 03/25/1996 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$1,251,649.18 5b. Amount of Capital Contributions in FLORIDA to date: 1,251,649.18 6. FEI Number 59-3052308 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information) \$164.45	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country			
9. Name and Address of Current Registered Agent LUCIER, NANCY J 109 CANNON COURT WEST PONTE VEDRA BEACH FL 32082		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) 609002144826--5 -04/16/97--01049--017 Suite, Apt. #, etc. ****541.25 ****541.25 City FL 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) LUCIER, NANCY J . . .		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 109 CANNON COURT WEST		11b. City, State & Zip Code PONTE VEDRA BEACH FL 32082	
				11c. Registration/Document Number 	
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 		DATE 4/9/97		Daytime Telephone Number 904-24-1200	
Typed or Printed Name of General Partner Signing Form NANCY J. LUCIER					

CR2E003 (11/96)