LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>	Sandra M Secretary of	FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS 1a. DOCUMENT # A31222		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 DEC 23 PM 2: 37 Intr 12/27	
1. Name of Limited Partnership					
HE STANTON FAMLY LIMIT	ED PARTNERSHIP			ILUIA INGI DISTI DIVIL DIVIL VITI) UNUI SHUT 100	
failing Address	Principal Office Address		3. Date Formed or Registered	<b>58.</b> Capital Contributions as Shown on record.	
335 BIRCH HOLLOW CT.	335 BIRCH HOLLOW CT.		02/22/1991	\$671,309.31	
ROSWELL GA 30075	ROSWELL GA 30075	ROSWELL GA 30075			
			03/18/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
			FL 6. FEI Number		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
			8. Make check payable to: Dept. o	I State (See reverse side for fee information	
9. Name and Address of Curr	rent Registered Agent		10. If changed, new Registere	d Agent/Office	
		Name ,O			
KERN, JEFFREY A.		Street Address (P.O.	Box Number Is Not Acceptable)	N	
11900 BISCAYNE BLVD. SUITE 284		1670 Suite, Apt. #, etc.	ALMA CT		
		00.00, r.p, c.o.			
NORTH MIAMI FL 33181					
NORTH MIAMI FL 33181		CHY BAR	τοω	FL 33830	
10a. Pursuant to the provisions of sections 620.1051	or registered agent, or both, in the State of Flori	limited partnership org	ganized or registered under the laws of th	he State of Florida, submits this statement	
<ul> <li>Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obliga</li> <li>SIGNATURE (Registered Agent Accepting Appointment)</li> </ul>	a or registered agent, or both, in the State of Flori tions of Section 620.192, Florida Statutes.	da. Such change was a	anized or registered under the laws of th authorized by its general partner(s) I her DATE	he State of Florida, submits this statement	
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