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

## LIMITED PARTNERSHIP ANNUAL REPORT 1997

FENNVILLE HOLDINGS, LTD.



Fennville Holdings, Inc., General Partner

FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. A32108 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAR -5 AM IO: 09



Mailing Address 701 BRICKELL AVE SUITE 850 MIAMI FL 33131	Principal Office Address 701 BRICKELL AVE SUITE 850 MIAMI FL 33131		3. Date Formed or Registered 10/15/1991 3a. Date of Last Report 03/19/1996	5a. Capital Contributions as Shown on record \$10,000.00	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	<b>5D.</b> Amou Contr 10 dat	int of Capital Ibutions in FLORIDA e:
	Lat Timolpa, Office Address	, , , , , , , , , , , , , , , , , , ,			
Suite, Apt. #, etc.	Suite, Apt. #, etc.				Applied For Not Applicable
City & State	City & State	City & State			\$8.75 Additional
Zip Country	Zip C	ountry	7. Certificate of Status Desired \$8.75 Additional Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)		
	P. I.				
9. Name and Address of Current Registered Agent HUDSON, ROBERT F., JR. C/O BAKER & MCKENZIE		10. If changed, new Registered Agent/Office Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
701 BRICKELL AVENUE, SUITE 1600 - (RFH) MIAMI, FL FL 33131		Suite, Apt. #, etc.			
		City		FL	Zip Code
SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT  MUS		MITED PAR ACTIVE W	TNERSHIP OR OTHE		NESS ENTITY
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box I		City, State & Zip Code	11c.	Registration/ Document Number
FENNVILLE HOLDINGS, INC.	701 BRICKELL AVE., #XX		IIAMI FL	\$81603	
FENNVILLE HOLD., LTD. CO	Suite 850 4 COLUMBUS CENTER		iami, FL 33131-28 OAD TÓWN, TORT, BYI	51 P3	5927
·				/\$70:	5504 1006001 ****208.75
		208.75	)		
Note: General partners MAY NO					
<ol> <li>I do hereby certify that the information supplied with Corporations from any liability of non-compliance withis annual report is true and accurate and that my sempowered to execute this report as required by ch</li> </ol>	th Section 119.07(3)(k) in the event that the Infor signature shall have the same legal effects as if n	mation supplied is de	emed exempt from public access. I furth	er certify that the	e information indicated on
SIGNATURE			DATE	-100	1/9/
Typed or Printed Name of General Partner Signing Form	John S. Sullivan, S	Secretary	of Daytime Telephone Number	305) 38	1-8340

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