

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
1a. DOCUMENT #
A32217
EDUCATIONAL DEVELOPMENT RESOURCES ASSOCIATES, LT D.



9/12/96

Mailing Address
5417 KENNEDY HILLS DRIVE
SEFFNER FL 33584
Principal Office Address
~~5417 KENNEDY HILLS DRIVE~~
~~SEFFNER FL 33584~~
2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country
2a. Principal Office Address
12420 Telecom Drive
Suite, Apt. #, etc.
N/A
City & State
Tamle Terrace, FL
Zip Country
33637-0911 USA

3. Date Formed or Registered
11/12/1991
3a. Date of Last Report
02/15/1996
4. State or Country of Formation
FL
5a. Capital Contributions as Shown on record
~~\$105,000.00~~
5b. Amount of Capital Contributions in FLORIDA to date
\$5,000.00
6. FEI Number
59-3097663
☐ Applied For
☐ Not Applicable
7. Certificate of Status Desired
☐ \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)
\$191.25

9. Name and Address of Current Registered Agent
CASTELLANO, ROBERT F
5417 KENNEDY HILLS DRIVE
SEFFNER FL 33584
10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City State Zip Code
FL

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
EDUCATIONAL DEVELOPMENT RESO	5417 KENNEDY HILLS DR	SEFFNER FL	S93257

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-12/27/96-01133-012
****191.25 ****191.25

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 for 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

Robert F. Castellano

DATE

12/16/96

Typed or Printed Name of General Partner Signing Form **Robert F. Castellano**

Daytime Telephone Number **813-979-0002**

CR2E003 (6/96)