·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

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Marting Andrews Cyr. J. Doe Humphries. Eso. P. D. Box 168 TAMPA R. 59902 2. Making Address. 3. Date Formation Included. 3. Date of List Report 1. Country 2 pp. Application Proceedings of the Address of Country 3 pp. Application Process of State One Occurrent Replaced Apent 10 pp. Application Process payable to Dept of State Des rowers sold for the Address of State Des rowers sold for the Address of Dept Address of State Des rowers sold for the Address of Post Address of Post Replaced Apent 10 pp. Tolargod new Registered Apent 10 pp. Tolargod new R	J.R. (FLORIDA) VII LIMITED PA	ARTNERSHIP			ITAN PAN CARA SAHI BARI CARI BARI BARI BARI SAHI
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2. Making Address 28. Principal Office Address 6. Suito, Apt #, etc. City & State Country Zp Zp Country Zp Zp Country Zp Zp Zp Zp Zp Zp Zp Zp Zp Z	C/O J. BOB HUMPHRIES, ESO. 205 N. MARION ST. P.O. BOX 1438 TAMPA FL 33602			12/31/1991 3a. Date of Last Report	Shown on record.
Suite, Apt #, etc. City & State City & State Country					5b. Amount of Capital Contributions in FLORIDA to date:
City & State Ci	2. Mailing Address	28. Principal Office Address		FL.	
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8. Marke check payable to Dept of State (See reverse side for fee information 9. Name and Address of Current Registered Agent? 10. If changed, new Registered Agent/Office Name Name Street Address (P.O. Box Number is Not Acceptable) The purpose of the Street Address (P.O. Box Number is Not Acceptable) The purpose of the Street Address (P.O. Box Number is Not Acceptable) The purpose of the Street Address (P.O. Box Number is Not Acceptable) The purpose of the Street Address (P.O. Box Number is Not Acceptable) The purpose of the Street Address (P.O. Box Number is Not Acceptable) The purpose of the Street Address (P.O. Box Numbe				7. Certificate of Status Desired	
HUMPHRIES, J. BOB, ESO. FOWLER, WHITE, GILLEN, ET AL 501 EAST KENNEDV BLVD., SUITE 1700 TAMPA FL 33602 TOR. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited pertinerthip organized or registered under the laws of the State of Florida, submits this statement to the provisions of handings its registered office or registered agent, or both in the State of Florida Statutes. The above-named limited pertinerthip organized or registered under the laws of the State of Florida, submits this statement to the provisions of handings its registered agent, or both. In the State of Florida Statutes SIGNATURE: Note: General Partners 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. (In Provision of General Partner(s) 11a. (In Provision of General Partner(s) 11b. City, State & Zip Code 11c. Floridation of Congretal Partner(s) 11b. City, State & Zip Code 11c. Floridation of Congretal Partner(s) 11d. Passes of Zip Code 11d. Passes	Zip Country	Zip	Country	8. Make check payable to: Dept. o	
HOMER, WHITE, GILEN, ET AL 501 EAST KENNEDV BLVD., SUITE 1700 TAMPA FL 33602 TOR. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-hand milled pertnerthip organized or registered under the lews 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 suthorized by its general partner(s). I hereby accept the appointment of registered agent 1 am familiar with, and accept the obligations of section 620 192, Florida Statutes. The above-handed milling pertnerthip organized or registered under the lews of the State of Florida. Such change was suthorized by its general partner(s). I hereby accept the appointment of registered agent 1 am familiar with, and accept the obligations of section 620 192, Florida Statutes. 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. (ANSWERS of Section 1997) 11b. City, State A 2ip Code 11c. Registratory Document Number 12 T 1 3 3 - C1 13 3 - C1 14 **********************************	9. Name and Address of Currer	nt Registered Agent		10. If changed, new Registers	ed Agent/Office
Solicity Rentition of TAMPA FL 33602 City FL Zip Code	HUMPHRIES, J. BOB, ESQ.		Name		
TAMPA FL 33802 City City FL Zip Code To City FL Zip Code The State of Fordia, submits his statement for the purpose of changing its registered director registered agent, or both, in the State of Fordia. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent of manifer with and accept the obligations of section 520 192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) 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. (po Address Dear Partner Partner) JAFFA ROAD (FLORIDA) MANAGEM *205 N. MARION STREET **TAMPA FL **P38022 **********************************	FOWLER, WHITE, GILLEN, ET AL 501 EAST KENNEDY BLVD., SUITE 1700				
10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named similed partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered digital case of the State of Provide Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent and accept the originations of section 620 192. Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) 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. (po 100 100 100 100 100 100 100 100 100 10					
10a, Pursuant to the provisions of sections 620 1051 and 620 1052, 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, of both, in the State of Florida Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent 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(e) of General Partner(s) 11a. (Additions of Feed General Partner(s) 11b. City, State 4 Zip Code 11c. December 11b. City State 4 Zip Code 11c. December 11b. P38922 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and dose not qualify to the exemplion stated in Section 119 07(3)(b), Picylida Statutes. I release the Oxision of Copporations from any individe of non-compliance with 5 certification descend the information indicated or the instead register of the introde partnership, receiver of truste empowered to execute this teport as required by change \$75.00 to 100			City		Zip Code
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (no NOT Use Prote Office Box Numbers) 11b. City. State & Zip Code 11c. Registrator/ Document Number 11b. City. State & Zip Code 11c. Registrator/ Document Number 11b. City. State & Zip Code 11c. Registrator/ Document Number 12c. 14mpa FL 12c. 13c. 15mpa FL 12c. 15mpa	for the purpose of changing its registered office o agent. I am familiar with, and accept the obligatio	r registered agent, or both, in the State of F		s authorized by its general partner(s). The	reby accept the appointment of registered
11. Name(s) of General Partner(s) 11a. (Do NOT Use Fool Office Box Numbers) 11b. City. State & Zip Code 11c. Registration/ Document Number 11b. City. State & Zip Code 11c. Registration/ Document Number 11d. (Do NOT Use Fool Office Box Numbers) 11b. City. State & Zip Code 11c. Registration/ Document Number 11d. (Do NOT Use Fool Office Box Numbers) 11d. City. State & Zip Code 11d. Registration/ Document Number 12d. TAMPA FL P36922 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certly 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 Socion 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 stall have the same legal effects asylmace units on the Internation supplied in deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature stall have the same legal effects asylmace contribute certify that I am a General Partner of the limited partnership, receiver or truste empowered to execute this report as required by change of African Partnership. The Contribute certify that I am a General Partner of the limited partnership, receiver or truste empowered to execute this report as required by change of African Partnership.	A GENERAL PARTNER THAT	IS A CORPORATION, OT BE REGISTERED AI	LIMITED PAI	RTNERSHIP OR OTHE VITH THIS OFFICE.	ER BUSINESS ENTITY
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