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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

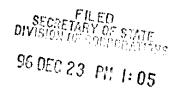
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

na. DOCUMENT # A32440





BAREFOOT LIMITED]	
			3. Date Formed or Registered	5a. Capital Contributions as Shown on record
Mailing Address 5701_SUNSET_DRIVE: SUITE-318_ SOUTH MIAMI FL 33143	Principal Office Address 5701-SUNSET-DRIVE: SUITE 315 SOUTH-MIAMI_FL_33143		12/27/1991	\$837,000.00
			3a. Date of Last Report 03/29/1996	
				5b. Amount of Capital Contributions in FLORIDA to date:
3. Mailing Address 3.50 SOUTH DIXIE HWY	2a. Principal Office Address	sixie Hwy	4. State or Country of Formation	to date.
Suile, Apl. #, etc \$12 \ \265	Suite, Apt. #, etc. STE - 1263	>	6. FEI Number 65-0305214	Applied For Not Applicable
City & State MidMi- FL	City & State MIBMI - FI		7. Certificate of Status Desired	\$8.75 Additional Fee Required
33156 DADE	1 2 -	ADE	8. Make check payable to: Dept. of	State (See reverse side for fee information)
9. Name and Address of Current R			10. If changed, new Registere	d Agent/Office
5701 SUNSET DRIVE SUITE 315 SOUTH MIAMI FL 93143 10a. Pursuant to the provisions of sections 620, 1051 and 6 for the purpose of changing its registered office or reagent. Lam familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS	gislored agent, or both in the State of Florid if section 620-192, Florida Statutes S A CORPORATION, L	da. Such change was a	PATE TNERSHIP OR OTHE	FL Zip Code 3335C. The State of Florida, submits this statement of registered appointment of registered
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo		City, State & Zip Code	11c. Registration/
BAREFOOT CAY CORPORATION	5701 SUNSET DRIVE #3		OUTH MIAMI FL	K76145
	9350 SOUTH D STR 1260 MIDMI-FL-3		33156	2 0469361 6/9701051012 576.25 ****\$76.25
Note: General partners MAY NOT 12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance willt s this annual report is true and appearate and plat my sign empowered to execute this report as required by chapt	s fling is voluntarily furnished and does not action 119 07(3)(k) in the event that the infl alung shall have the same legal effects as it	qualify for the exemption	ent must be filed to cha on stated in Section 119.07(3)(k). Florida emed exempt from public access. I furth	ange a general partner. Statutes: I release the Division of the certify that the information indicated on

Daytime Telephone Number