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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -6 AM 9:32

1. Name of Limited Partnership

1a. DOCUMENT # A32511

ODELL J. MCDANIEL LIMITED PARTNERSHIP

11-4

Mailing Address	Principal Office Address
~~950 COLONY KEY CIRCLE~~	~~950 COLONY KEY CIRCLE~~
~~ATLANTIS FL 33462~~	~~ATLANTIS FL 33462~~
2. Mailing Address: 5 HARVARD CIRCLE	**2a.** Principal Office Address: 5 HARVARD CIRCLE
Suite, Apt. #, etc.: 109	Suite, Apt. #, etc.: 109
City & State: W. PALM BEACH FL	City & State: W. PALM BEACH, FL
Zip: 33409 Country	Zip: 33409 Country

3. Date Formed or Registered: 01/28/1992

3a. Date of Last Report: 11/28/1995

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $1,004,719.00

5b. Amount of Capital Contributions in FLORIDA to date: 573,599

6. FEI Number: 65-0295650 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to Department of State (See reverse side for fee information) 576.25

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
MCDANIEL, ODELL J. 356 COLONY KEY CIRCLE ATLANTIS FL 33462	Name: T. MCDANIEL C/O SOMMERS & EVERHART Street Address (P.O. Box Number Is Not Acceptable): 5 HARVARD CIRCLE Suite, Apt. #, etc.: 109 City: WEST PALM BEACH FL Zip Code: 33409

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) ✓ Thomas S. McDaniel DATE 10/16/96

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
~~ODELL J MCDANIEL REVOCABLE~~ (deceased) THOMAS MCDANIEL	~~356 COLONY KEY CIRCLE~~ C/O SOMMERS & EVERHART 5 HARVARD CIR SUITE 109	~~ATLANTIS FL~~ W. PALM BCH FL	G93083900008

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KWM

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 of 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 ✓ Thomas S. McDaniel DATE 10/16/96

Typed or Printed Name of General Partner Signing Form: THOMAS S. MCDANIEL Daytime Telephone Number: 561/640-9800

CR2E003 (6/96)