

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

FILED

97 JAN -2 AM 10:44

**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 # A32869
SHERWOOD APARTMENTS, LTD.	



Mailing Address 119 LAMBERT LANE MILTON FL 32570	Principal Office Address 119 LAMBERT LANE MILTON FL 32570	3. Date Formed or Registered 04/16/1992	5a. Capital Contributions as Shown on record \$650.00
2. Mailing Address <i>PO. Box 644</i>	2a. Principal Office Address	3a. Date of Last Report 01/17/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt #, etc.	Suite, Apt #, etc.	4. State or Country of Formation FL	
City & State <i>Milton, FL</i>	City & State	6. FEI Number 59-3119611	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <i>32570</i>	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent CARVER, RALPH S 119 LAMBERT LANE MILTON FL 32570	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) <i>4284 Hwy 90</i> Suite, Apt #, etc. City <i>Pace</i> FL Zip Code <i>32571</i>
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
CARVER, RALPH S	<i>4284</i> 4290 HIGHWAY 90	PACE FL 32571	 100002054451--5 -01/10/87--01093--010 ****191.25 ****191.25
CARVER, STANLEY A	<i>4284 Hwy 90</i> RTE 11, BOX 276	PACE FL 32571	
CARVER, S. ELLEN	<i>4284</i> 4290 HIGHWAY 90	PACE FL 32571	

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: *Ralph S. Carver* DATE: *12-18-96*
 Typed or Printed Name of General Partner Signing Form: **Ralph S. Carver** Daytime Telephone Number: *904-994-1400*

CR2E003 (6/96)