


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

FILED

97 JAN 21 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

157

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership CITATION PROPERTIES, LTD.		1a. DOCUMENT # A32992	
Mailing Address C/O LEONARD J. OSTERINK 8420 ABBINGTON CIRCLE NAPLES FL 33963 34108		Principal Office Address C/O LEONARD J. OSTERINK 8420 ABBINGTON CIRCLE NAPLES FL 33963 34108	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 05/26/1992		5a. Capital Contributions as Shown on record \$150,000.00	
3a. Date of Last Report 01/03/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0349337	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	



9. Name and Address of Current Registered Agent FRANCIS W. P. LEONARD J. OSTERINK 899 VANDERBILT BEACH ROAD, SUITE 1116 8420 ABBINGTON NAPLES FL 33963 34108 CIRCLE 8-36		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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) <u>Leonard J. Osterink</u> DATE <u>1/16/97</u>			
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) LOCP CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O OSTERINK, 8420 AB	11b. City, State & Zip Code NAPLES FL 33963 34108	11c. Registration/Document Number P95000088876
800002067338--2 -01/24/97--01025--025 *****576.25 *****576.25			

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 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

L Osterink

DATE 12/27/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 941-597-3611

CR2E003 (6/96)