## 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

**DOCUMENT#** 

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SPJP, LTD.					
			QP 12/20		
Mailing Address	Principal Office A	ddress	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P.O. BOX 129	P.O. BOX 129		07/31/1992	\$7,834,047.00	
KEY BISCAYNE FL 33149	KEY BISCAYN	: FL 33149	3a. Date of Last Report 12/18/1995		
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal C	ffice Address	FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc		6. FEI Number 65-0361058	Applied For	
City & State	City & State		7. Certificate of Status Desired	Not Applicable  \$8.75 Additional	
Zip Country	Country Zip Countr		Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)		
Q. Name and	Address of Current Projectored Agent		10. If changed, new Regi	stered Apent/Office	
9. Name and Address of Current Registered Agent			Name		
PERLMETER, STANLEY E. 240 CRANDON BLVD			Street Address (P.O. Box Number Is Not Acceptable)		
SUITE 110		Suite, Apt	Suite, Apt. #, etc.		
KEY BISCAYNE FL 33149			City Zip Code		
SIGNATURE (Registered Agent Accept				ATE	
A GENERAL PART	NER THAT IS A CORPO MUST BE REGIS	RATION, LIMITES FERED AND ACTI	D PARTNERSHIP OR OT IVE WITH THIS OFFICE.	HER BUSINESS ENTITY	
11. Name(s) of General Partner	s) <b>118.</b> (Do NO	ress of Each General Partner T Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
PERLMETER, STANLEY	. 240 CRA	NDON BLVD, SUI	KEY BISCAYNE FL		
PERLMETER, JANET S. 240 CRANDON BLVD.		NDON BLVD, SUI	KEY BISCAYNE FL		
			"THE REAL PROPERTY OF THE PERSON OF THE PERS	minimatics 1	
			-12/i	20366421 24/9601058017 *576.25 ****576.25	
			***	*576.25 ****576.25	
Note: General partne	rs MAY NOT be changed	on this form; an an	nendment must be filed to	change a general partner.	
Corporations from any liability of this annual report is true and acc	non-compliance with Section 119.07(3)(k) in urate and that my signate shall have the s rt as required by change 620, Florida Statute	the event that the information sup ame legal effects as if multie under is.	er oath. I further certify that I am a General Part	I further certify that the information indicated on ner of the limited partnership, receiver or trustee	
SIGNATURE	y Oll	Conter	DATE	9/18/96	
Typed or Printed Name of General Partr	er Signing Form	erlmeter	Daytime Telephone Number	(305)36/-6690	