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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



JAMES JUNICHI MURATA FAMILY LIMITED PARTNERSHIP

empowered to execute this report as required by chapter 620, Flor da Statutes.

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

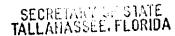
Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

A33365 A33365

FILED

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a*ing Address 3117 Westminster Dr. BOCA RATON FL 33496	Principal Office Address 3117 WESTMINSTER DR. BOCA RATON FL 33496	3117 WESTMINSTER DR.		5a. Capital Contributions as Shown on record. \$454,049.32		
2. Mailing Address	2a. Principal Office Address			Conti	5b. Amount of Capital Contributions in FLORIDA to date.	
Suite, Apt. #, etc	Suite. Apt. #, etc.	Suite. Apt. #, etc.			Applied For	
City & State	City & State	City & State			Not Applicable \$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to Dep	of State (See rev	Fee Required erse side for fee information	
9 Name and Address	of Current Registered Agent	<u> </u>	10. If changed, new Regist	ered Agent/Office		
MURATA, CAROLYN 3117 WESTMINSTER DR. BOCA RATON FL 33496		Name				
		Street Aodress (P.O. Box Number Is Not Acceptable)				
		Suite, Apt. #, etc.				
•		City Zip Code				
for the purpose of changing its register	20 1051 and 620 192, Florida Statutes, the above-na ed office or registered agent, or both, in the State of l e obligations of section 620,192, Florida Statutés.	imed limited partners			rida, submits this statemen	
for the purpose of changing its register agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appearance) A GENERAL PARTNER	ed office or registered agent, or both, in the State of le obligations of section 620,192, Florida Statutes. THAT IS A CORPORATION, MUST BE REGISTERED A	med limited partners Flonda Such change , LIMITED F ND ACTIVE	PARTNERSHIP OR OTHER WITH THIS OFFICE.	TE	ida, submits this statement of appointment of registered PINESS ENTITY	
for the purpose of changing its register agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appearance of Agent Accepting Appearance). 11. Name(s) of General Partner(s)	ed office or registered agent, or both, in the State of le obligations of section 620,192, Florida Statutes. THAT IS A CORPORATION, MUST BE REGISTERED A Address of Each Gen 11a. (Do NOT Use Post Office	, LIMITED F ND ACTIVE Partner	PARTNERSHIP OR OTHE WITH THIS OFFICE. City, State & Zip Code	hereby accept the	ida, submits this statement of pappointment of registere	
for the purpose of changing its register agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appearance) A GENERAL PARTNER	ed office or registered agent, or both, in the State of le obligations of section 620,192, Florida Statutes. THAT IS A CORPORATION, MUST BE REGISTERED A	, LIMITED F ND ACTIVE Partner	PARTNERSHIP OR OTHER WITH THIS OFFICE.	TE	ida, submits this statement of registered appointment of registered PINESS ENTITY	
for the purpose of changing its register agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appearance) A GENERAL PARTNER 11. Name(s) of General Partner(s)	ed office or registered agent, or both, in the State of le obligations of section 620,192, Florida Statutes. THAT IS A CORPORATION, MUST BE REGISTERED A Address of Each Gen 11a. (Do NOT Use Post Office	, LIMITED F. ND ACTIVE heral Partners Box Numbers) 1	PARTNERSHIP OR OTHE WITH THIS OFFICE. City, State & Zip Code	IER BUS	NESS ENTITY Registration/ Document Number	

this annual report is true and accurate and that my signature shall have the same legal effects as if made under earth. I further certify that I am a General Partner of the limited partnership, receiver or trustee