

**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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02/12/96 PM 2:14

1. Name of Limited Partnership

1a. DOCUMENT #
A33458

GATOR DIXIE PARTNERS, LTD.



Mailing Address
**2250 NE 163RD STREET
STE. 6
NORTH MIAMI BCH. FL 33160**

Principal Office Address
**2250 NE 163RD STREET
STE. 6
NORTH MIAMI BCH. FL 33160**

3. Date Formed or Registered
09/23/1992

5a. Capital Contributions as Shown on record
\$10,000.00

3a. Date of Last Report
02/12/1996

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

6. FEI Number
65-0359329

Applied For
 Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

7. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

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

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

**GOLDSMITH, JAMES A.
2250 N.E. 163 ST. #6
CORAL GABLES FL 33146**

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)

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

GATOR ASHLEY, INC.

2250 NE 163RD ST. STE

NORTH MIAMI BCH. FL

V63180

**100002040841--4
-12/30/96--01028--009
****208.75 ****208.75**

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 on 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

DATE **12-16-96**

James A. Goldsmith

Daytime Telephone Number **305-949-9049**

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/96)