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

1. Name of Limited Partnership

1a. DOCUMENT # **A9200000204**

WOLFF FAMILY PARTNERSHIP, LTD.



FILED

96 OCT 14 PM 1: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



	, 0					
Mailing Address 2785 SE ST. LUCIE BLVD: STUART FL 34997	Principal Office Address 2785 SE ST. LUCHE BLVD. STUART FL 34997			3. Date Formed or Registered 12/04/1992 3a. Date of Last Report 12/05/1995	5a. Capital Contributions as Shown on record \$1,521,013-00	
2. Maihng Address	2a. Principal Office Address			4. State or Country of Formalion	Contributions in FLORIDA to date	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FE! Number Applied For		
City & State	City & State		-	7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip	7ip Country		Fee Required 8. Make check payable to Dept of State (See reverse side for fee-information		
9. Name and Address of Co	10. If changed, now Registered Agent/Office					
agent I am familiar with, and accept the oblig- SIGNATURE (Registered Agent Accepting Appointme	ice or registered agent or both, in the State of gations of section 620-192, Florida Statutes int)	Suite, Apl i City amed limited parth Florida Such chai	ership organ nge was auth	orized by its general partner(s). The	reby accept the	appointment of registered
A GENERAL PARTNER TH	AT IS A CORPORATION UST BE REGISTERED A	, LIMITED ND ACTIV	PART VE WIT	NERSHIP OR OTHE 'H THIS OFFICE.	ER BUSI	NESS ENTITY
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)		11b.	City, State & Zip Code	11c.	Registration/ Document Number
WOLFF, CHARLES L JR.	2785 SE ST. LUCIE E	BLV	STO	JART FL 34997 400001 -10/23 ****5	983; 2/9601 57 6. 25	L748: 139906 ****576.25
Note: General partners MAY	NOT be changed on this fo	rm; an am	endme	nt must be filed to ch	ange a g	eneral partner.
12. I do hereby certify that the information supplied	with this filing is voluntarily furnished and doe	s not qualify for the	e exemption	stated in Section 119 07(3)(k) Florid	a Statutes Trelu	ase 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 putric access. I further certify that the information and cated 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.

'R2E003 (6/96)

DATE . 10 - 9 - 96

Daytinie Telephone Number

Typed or Printed Name of General Partner Signing Ford

SIGNATURE -