



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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 FEB -3 AM 11:35 	
1. Name of Limited Partnership STEVE'S ESPRESSO, LTD.		1a. DOCUMENT # A93000000193			
Mailing Address P.O. BOX 25862 TAMARAC FL 33320		Principal Office Address P.O. BOX 25862 TAMARAC FL 33320		3. Date Formed or Registered 03/11/1993	
				5a. Capital Contributions as Shown on record. \$1,000.00	
				3a. Date of Last Report 01/08/1996	
2. Mailing Address		2a. Principal Office Address		5b. Amount of Capital Contributions in FLORIDA to date: 1000 $\frac{10}{1000}$	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0399656 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SCHWARTZ, DAVID A ESQ. 8181 WEST BROWARD BLVD., SUITE 204 PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 300002084743--7 Suite, Apt. #, etc. -02/12/97--01017--008 City ****191.25 ****191.25 FL Zip Code	
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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) EAGLE MANAGEMENT SERVICES, I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5204 N.W. 106TH DRIVE 460 NW 98th Terrace	11b. City, State & Zip Code CORAL SPRINGS FL 33066 33071	11c. Registration/Document Number P93000018382 CR 2-10
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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  DATE **1/21/97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)