

**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

96 DEC 23 PM 1:55



1. Name of Limited Partnership	1a. DOCUMENT # A93000000279
D&J PARTNERS, LTD.	

Mailing Address POST OFFICE BOX 309 BRADENTON BEACH FL 34217		Principal Office Address 6101 GULF OF MEXICO DR. LONGBOAT KEY FL 34228		3. Date Formed or Registered 03/17/1993	5a. Capital Contributions as Shown on record. \$5,000,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/18/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$ 480,000.
City & State		City & State		6. FEI Number 65-0394642	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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	10. If changed, new Registered Agent/Office	
WARNE, DONNA J 680 OLD COMPASS ROAD LONGBOAT KEY FL 34228	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, etc.	
	City	Zip Code
	FL	

10a. Pursuant to the provisions of sections 620.1061 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
WARNE, DONNA J	680 COMPASS ROAD	LONGBOAT KEY FL 34228	500002046755--6 -01/06/97--01032--004 ***576.25 ***576.25

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 *Donna J. Warne, G.P.*

DATE **12/19/96**

Typed or Printed Name of General Partner Signing Form

DONNA J. WARNE

Daytime Telephone Number **(941) 383-5803**

CR2E003 (6/96)