## 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

na. DOCUMENT # **A9300000514** 

E HELD D SECRETARY OF STATE DIVISION OF CORPORATIONS

96 CCT 14 MM 10: 59



. Mailing Address		12/15/1995		
Mailing Address	10	4. State or Country of Formation	5b. Account of Capital Contributions in FLORIDA to data	
	2a. Principal Office Address	FL		
ite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0409411	Applied For Applied For Not Applicable	
ty & State	City & State	7. Certificate of Status Desired		
D Country	Zip Country	8. Make check payable to Dept. c	Fee Required of State (See reverse side for fee informa	
9. Name and Address of Co	urrent Registered Agent	10. If changed, new Registers	ed Agent/Office	
HARRIS BRETT-RIS, INC.	Name		- A	
5160 W. WOOLBRIGHT ROAD	Street Ad	Street Address (P.O. Box Number Is Not Acceptable)		
BOYNTON BEACH FL 33437	Suite, Apt	Suite, Apt #, etc		
	City		Zip Gode	
agent Tam familiar with, and accept the obligation of the state of the	IAT IS A CORPORATION, LIMITE	DATE D PARTNERSHIP OR OTHI IVE WITH THIS OFFICE.	ER BUSINESS ENTIT	
Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Decument Number	
HARRIS BRETT-RIS, INC.	5160 W. WOODBRIGHT RO	BOYNTON BEACH FL 3343	P9300021245	
		-10/c4	9  8  4  05  0 6   796 01017 011  78  75   ****278  75	

12. I do hereby cert'y that the information supplied with this filling is voluntarly furnished and does not qualify for the eventplion stated in Section 119.07(3)(k). Florida Statutes. Trefease 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. 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 it made under oath. Further certify that I am a General Partner of the I mited partnership, receiver or trusted empowered to execute this report as required by chapter 620. Purida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Leonard Green berg