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 26 PM 2:09

1. Name of Limited Partnership
RELP, LTD.

1a. DOCUMENT #
A93000000745

Mailing Address	Principal Office Address
P. O. Box 9456 Port St. Lucie, Fl. 34985-9456	7103-C Palomar Parkway Fort Pierce, Florida 34951

3. Date Formed or Registered: 07/19/93
3a. Date of Last Report: 12/14/95
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record: 10,000,000.00
5b. Amount of Capital Contributions in FLORIDA to date: 99.00

2. Mailing Address	2a. Principal Office Address
P. O. Box 9456	7103-C Palomar Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL.	City & State: Fort Pierce, Florida
Zip: 34985-9456 County:	Zip: 34951 County:

6. FEI Number: 65-0429396 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ $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
Jack Webb 7103-C Palomar Parkway Fort Pierce, Florida 34951	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

10a. Pursuant to the provisions of section 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 Number)	11b. City, State & Zip Code	11c. Registration/ Document Number
Jack Webb	7103-C Palomar Parkway	Fort Pierce, Florida 34951	

CR2E003 (6/96)

1-2-97

400002049524--4
-01/07/97--01180--002
****191.25 ****191.25

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 effect 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 12/17/96

Typed or Printed Name of General Partner Signing Above _____ Daytime Telephone Number _____