## 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 # **A93000000830**  FILED

97 JAN -6 AM 9: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA



PORTA HOLDINGS, LTD. Capital Contributions as Shown on record. 3. Date Formed or Registered Mailing Address Principal Office Address 08/10/1993 46/0 J. BOB HUMPHRIES, ESCUTRE 17755 U.S. 10 NORTH: OUITE 050 \$12,301,800,00 501-EAST-KENNEDY BLVD.: SUITE 1700 **CLEARWATER FL 34624** 3a. Date of Last Report TAMPA FL 33602 01/02/1996 **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2a. Principal Office Address Mailing Address 12,301,800 7757 US19N Suite, Apt. #, etc 6. FEI Number Applied For 5te 350 59-3195436 Not Applicable 7. Certificate of Status Desired \$8.75 Additional Fee Required Country 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 Bernhard Assies WOHLWEND: BETH C/O WESTFALIA REALTY, INC. 17757 U.S. 19 NORTH STE #350 Suite, Apt. #, etc. **CLEARWATER FL 34624** 

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)

B. Masi

DATE /2/23/96

Zip Code

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. (Do NOT Use Post Office Box Numbers)
 11b. City. State & Zip Code
 11c. Registration/Document Number

 PORTA HOLDINGS II, INC.
 17755 U.S. 19 NORTH,
 CLEARWATER FL 34824
 P93000056239

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1. It 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 hability 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 children.

CΙ	G	N	Δ	ΤI	П	R	F
• •	17	v	м		u	$\Box$	Г.

Typed or Printed Name of General Partner Signing Form

Scott Makela

Daytime Telephone Number (8/3) 5354 7999

CR2E003 (6/96)