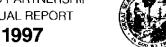
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# Δ 930000000889

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 NOV -7 PM 3: 13



JEB FAMILY HOLDINGS, L	.TD.			
Mailing Address 362 COUNTY DOWNS RD	Principal Office Address 5218 PENNOCK POINT ROAD	3. Date Formed or Registered 08/31/1993	5a. Capital Contributions as Shown on record	
MONTGOMERY AL 36109-3925	JUPITER FL 33468	3a. Date of Last Report 10/11/1995	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	to date	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 63-1103861	Applied For Not Applicable	
City & State	City & State	7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country	8. Make check payable to Dept	Fee Required of State (See reverse side for fee information)	
9. Name and Address of C	Current Registered Agent	10. If changed, new Registe	red Agent/Office	
DAVERSA, JEFFERY	Nanie			
218 US HWY #1		Street Address (P.O. Box Number Is Not Acceptable)		
STE 202	Suite Ap	Suite Apt #, etc		
TEQUESTA FL 33469	City		FL Zip Gode	
for the purpose of changing its registered of agent. I am familiar with, and accept the obling SIGNATURE (Registered Agent Accepting Appointment)		hange was authorized by its general partner(s). Th	rereby accept the appointment of registered	
M	IUST BE REGISTERED AND ACT	IVE WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers	11b. City, State & Zip Code	11c. Hegistration/ Document Number	
LIEB, DRAYTON	362 COUNTY DOWNS ROAD	MONTGOMERY AL 36109		
LIEB, SANDI	RT. #2 - BOX 321	MICANOPY FL 32667		
•		400002 -11/1 ****	2006/41453 15/9601097013 5/6.25 ****5/6.25	
•				

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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes Trelease 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 each 1 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 -

Drayton Leer Typed or Printed Name of General Partner Signing Form | DRAYTON LIEB

DATE: 4 NOW 96

Daytime Telephone Number (334) 273~5455