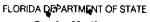
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

ÉIMITED PARTNERSHIP ANNUAL REPORT

1007



Sandra Mortham

Secretary of State

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

1337	Same !	DIVISION OF CO	RPORATION	15	97 MAR -7	AM R: 1	R		
1. Name of Limited Partnership	1a. A9:	1a. A9300000899				97 MAR -7 AM 8: 18			
TUCKER FUND, L.P. LIMITE	ED PARTNER	SHIP							
Mailing Address 100 EXECUTIVE WAY. #212 PONTE VEDRA BEACH FL 32082	Principal Office Address 100 EXECUTIVE WAY. #212 PONTE VEDRA BEACH FL 32082				3. Date Formed or Registered 09/02/1993 58. Capital Contributions as Shown on record.		n on record.		
TOTAL VEGINA DENGITTE GEORE	FONIE TEC	FORTE TEACH DENOTITE OCCUR			3a. Date of Last Report 02/05/1996	5b. Amount of Capital Contributions in FLORIDA			
2. Mailing Address	2a. Principa	28. Principal Office Address			4. State or Country of Formation	of Formation to date:			
Suitě, Apt. #, etc.		Suite, Apt. #, etc.			6. FEI Number 59-3185284 Applied For Not Applicable				
City & State	City & State			7. Certificate of Status Desired		\$8.75 Additional			
Zip Country	Zip	Zip Country			Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)				
9, Name and Address of C	urrent Registered Agent		T		10. If changed, new Register	ad AcantiOffice			
BLACKSTOCK, HENRY T			Name						
100 EXECUTIVE WAY, #212 PONTE VEDRA BEACH FL 32082	MP 3111		Street Address (P.O. Box Number Is Not Acceptable)						
	•	•		Suite, Apt. #, etc.					
		City			FL Zip Code				
10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblig	ice or registered agent, or	both, in the State of Flori	d limited partne ida. Such char	ership organ nge was auth	ized or registered under the laws of lorized by its general partner(s). I he	the State of Flor reby accept the	ida, submits this statement appointment of registered		
SIGNATURE (Registered Agent Accepting Appointment	nt)				DATI	<u>r</u>			
A GENERAL PARTNER TH	AT IS A CORP	ORATION, L	IMITED D ACTIV	PART /E WIT			NESS ENTITY		
11. Name(s) of General Partner(s)	11a. _{(Do} ^	Address of Each General Partner 11a. (Do NOT Use Post Office Box Numbers)		11b.	City, State & Zip Code	11c.	Registration/ Document Number		
BLACKSTOCK, HENRY T	100 E)	100 EXECUTIVE WAY, #2		PO	NTE VEDRA BEACH FL				
• •					600002 -03/1 ****	2 1 1 (): 1/970: 550.00	3365 1117020 ****550.00		
N = S Na - S									
•				,					
Note: General partners MAY I	NOT be change	d on this form	: an ame	endmei	nt must be filed to ch	ange a g	eneral partner.		
12. I do hereby certify trial the information supplied Corporations from any liability of non-compliand this annual report is true and accurate and that empowered to execute this report as required to	with this filing is voluntarily ce with Section 119.07(3)(k my signature shall have th	furnished and does not in the event that the infections as it	t qualify for the	exemption	stated in Section 119.07(3)(k), Florid ed exempt from public access. I fur	a Statutes. I rele ther certify that t of the limited pa	hase the Division of the information indicated on inthership, receiver or trustee		
1N						- 11フ	0/00		

Typed or Printed Name of General Partner Signing Form: _

Daytime Telephone Number

0009815