

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

FILED

96 DEC 13 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership MARWAL LTD.		1a. DOCUMENT # A93000001164	
Mailing Address 5310 N.W. 33RD AVE., SUITE 219 FT. LAUDERDALE FL 33309		Principal Office Address 5310 N.W. 33RD AVE., SUITE 219 FT. LAUDERDALE FL 33309	
2. Mailing Address	2a. Principal Office Address	3. Date Formed or Registered 11/10/1993	5a. Capital Contributions as Shown on record \$99.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 01/29/1996	5b. Amount of Capital Contributions in FLORIDA to date:
City & State	City & State	4. State or Country of Formation FL	
Zip	Country	6. FEI Number 65-0447733	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			



2/12/17

9. Name and Address of Current Registered Agent BARBER, KENNETH T 5310 N.W. 33RD AVE., STE. 219 FT. LAUDERDALE FL 33309		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code FL

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) _____ 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) TRION VENTURES V, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5310 N.W. 33RD AVE.,	11b. City, State & Zip Code FT. LAUDERDALE FL 333	11c. Registration/Document Number P93000069536
300002032083--1 -12/18/96--01024--012 *****200.00 *****200.00			

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)(k), Florida Statutes. I release 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 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 *[Signature]*

DATE **12/9/96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)

0005324