

**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 Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 JAN 22 PM 2:42



1. Name of Limited Partnership	1a. DOCUMENT # A93000001409
THE VITIELLO FAMILY PARTNERSHIP, LTD.	

Mailing Address % ERIO VITIELLO 800 LUGO CORAL GABLES FL 33156	Principal Office Address % ERIO VITIELLO 800 LUGO CORAL GABLES FL 33156
2. Mailing Address 800 Ave Lugo	2a. Principal Office Address 800 Lugo Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Coral Gables Fla	City & State Coral Gables Fla
Zip 33156	Zip 33156
Country Dade County	Country Dade County

3. Date Formed or Registered 12/23/1993	5a. Capital Contributions as Shown on record \$297,000.00 \$66,858.00
3a. Date of Last Report 12/21/1995	5b. Amount of Capital Contributions in FLORIDA to date: 66,858.00
4. State or Country of Formation FL	6. FEI Number 65-0485156
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent VITIELLO, ERIO P 800 LUGO CORAL GABLES FL 33156	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) VITIELLO, ERIO P	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 800 LUGO	11b. City, State & Zip Code CORAL GABLES FL 33156	11c. Registration/Document Number 900002071959--8 -01/29/97--01027--004 ****576.25 ****576.25 KWM
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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 **✓ Erio Vitello** DATE **✓ 12-9-96**
Typed or Printed Name of General Partner Signing Form **✓ ERIO VITIELLO** Daytime Telephone Number **✓ 665-9577**

CR2E003 (6/96)