

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 28 AM 11:49



BK 1/28/97

1. Name of Limited Partnership LNC HOLDINGS, LTD.		1a. DOCUMENT # A93000001447	
Mailing Address 14155 U.S. HIGHWAY ONE, SUITE 302 JUNO BEACH FL 33408		Principal Office Address 4417 WOODFIELD BLVD. BOCA RATON FL 33434	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

3. Date Formed or Registered 12/30/1993	5a. Capital Contributions as Shown on record \$100.00
3a. Date of Last Report 02/22/1996	5b. Amount of Capital Contributions in FLORIDA to date \$144,750
4. State or Country of Formation FL	
6. FEI Number 65-0460393	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent NOWICKI, MARK J ESQ. 14155 U.S. HIGHWAY ONE, SUITE 302 JUNO BEACH FL 33408		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) LNC, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4417 WOODFIELD BLVD.	11b. City, State & Zip Code BOCA RATON FL 33434	11c. Registration/Document Number P83000080434
400002074594--5 -01/31/97--01016--003 ****576.25 ****576.25			

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 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 **Beverley Anne Becker, President**

Beverley Anne Becker

DATE **12-23-96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number **407-624-1444**