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 Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

97 JAN -6 AM 10: 11



A9400000064 Image Asperson A		O M.		SECR	ETANY OF STATE A	
Same and Address Principal Office Address 208 SABER DRIVE	1. Name of Limited Partnership 1a. DOCUMENT # A940000064			TALLA	MÁSSÉE FLÓRIDA / /	
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38. Date of Last Paper 10 (1/33) (1996) 28. Principal Office Address 28. Principal Office Address 28. Principal Office Address 4. State or Country of Formation FL 38. Date of Last Paper 59. 2023 147 Applied For Not Applied For Not Applied For Sp-3223 147 Applied For Not Applie	2908 SABER DRIVE	2908 SABER DRIVE		1	01/06/1004 Shown on record.	
28. Principal Citico Address 28. Principal Citico Address 38. Principal Citico Address 38. Solte, Apt. #, etc. 39. Applied For Not	CLEARWATER FL 34619					
Signature of State City & State Country State Country To Country T	2. Mailing Address	2a. Principal Office Address			to date:	
7. Certificate of Status Desired	Suite, Apt. #, etc.					
9. Name and Address of Current Registered Apent 10. If changed, new Registered ApentOffice SARCHET, WILLIAM 2008 SABER DRVE CLEARWATER FL 34619 Sine, Apr. # etc. 11. Presuant to the provisions of sections 620 1951 and 620 1952. Fixed a Statutes, the above named fixed pathnership organized or registered under the taxes of the State of Florida, authnitis this statem for the purpose of changing is registered office or registered agent, or both, in the State of Florida Such change was authorized by its general pathnership accept the appointment of registered agent, or both, in the State of Florida Such change was authorized by its general pathnership accept the appointment of registered agent or both, in the State of Florida Such change was authorized by its general pathnership, and accept the displayment of section 620 1952. Florida Statutes. AGENETIAL PARTINER THAT IS A CORPORATION, LIMITED PARTINERSHIP OR OTHER BUSINESS ENTITIONS BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Namo(c) of General Pathner(c) 11a		·			\$8.75 Additional Fee Required	
SARCHET, WILLIAM 2008 SABER DRIVE CLEARWATER FL 34619 Sites Address (P.O. Box Number in Microsphery)				8. Make check payable to: Dept.	8. Make check payable to: Dept. of State (See reverse side for fee information)	
SARCHET, WILLIAM 2008 SABER DRIVE CLEARWATER FL 34619 Sites Address (P.O. Box Number in Microsphery)	Q Name and Address of	Current Registered Agent	····	10. If changed, new Registe	ered Agent/Office	
Street Address (P.O. Box Number-live Appenditum) Street Address (P.O. Box Number-live Appenditum) Surie, Apt. #. etc. ************************************						
Sure, Aph., etc. *****194.75 *****194.75 City ****194.75 City ****194.75 City ****194.75 City ****194.75 City ****194.75 City ***194.75 City **194.75 City ***194.75 City ***19	2908 SABER DRIVE		Street Address (P.O. Box Number la Net Accepteble)			
10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the taws of the State of Florida, submits this statem 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). Thereby accept the appointment of registered agent and familiar with, and accept the obligations of section 620 192. Florida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11. Clay, State & Zip Code 11. Clarative William 2908 SABER DRIVE CLEARWATER FL 34619 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner of the partners of the component of som any lability of one compliance with Section 1190/(38), in the world that the information specified with certify that it am of General Partner of the limited partnership, receiver or the empowered to except from put lability access. Hurther certify that it am a General Partner of the limited partnership, receiver or the empowered to execute this report as required by chapter 620. Fighs States SIGNATURE DATE DATE ACT 200. ACT	CLEANWAIGH FL 34018		Suite, Apt.			
10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the taws of the State of Florida, submits this stater for the purpose of changing its registered agent. I am familiar with, and accept the obligations of sections 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITION MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Agencia) Familiar with THIS OFFICE. 11b. Name(s) of General Pertner(s) 11a. (Co NOT Use Foot Office Box Numbers) SARCHET, WILLIAM 2908 SABER DRIVE CLEARWATER FL 34619 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner of Discountment Number of Corporations from any labelly of non-compliance with Section 119.07(3)(k) in the event 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, Irelease the Division of Corporations from any labelly of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed eventy from public access. I further certify that it has information indicate this annual report is true and accurate and that my signature shall have the same legal effects as if made under cells. I further certify that I am a General Partner of the limited partnership, receiver or tempowered to execute this report as required by chable 620. Fighs States SIGNATURE DATE DAT			City		FI Zip Code	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. Lido 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). Filorida 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 indicate 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 true empowered to execute this report as required by chapter 620, Fighta Statutes. SIGNATURE DATE AND TO THE SAME AND	SIGNATURE (Registered Agent Accepting Appointm	nent) HAT IS A CORPORATION,		PARTNERSHIP OR OTH		
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Typed or Printed Name of General Partner Signing Form WILLIAM SAILCHET Daytime Telephone Number 813 · 797 · 9556	SIGNATURE ///	h Harris	10.1.		12.27.96	
	Typed or Printed Name of General Partner Signing F	orm WILLIAM SA	14CHG	Daytime Telephone Number	<u> </u>	