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

1. Name of Limited Partnership

DOCUMENT #

FILED

96 DEC -4 PM 4: 15

SECRETARY OF STATE

	<u>A9400000</u>	A9400000101				
ORAL FAMILY PART	RAL FAMILY PARTNERSHIP, LTD.					
				9/12/		
Mailing Address	Principal Office Address	*******	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
2270 RANCHETTE LANE	2270 RANCHETTE LANE		01/21/1994	#E 000 000 00		
PALM HARBOR FL 34683	PALM HARBOR FL 34683		3a. Date of Last Report	\$5,000,000.00		
			10/17/1995	5b. Amount of Capital Contributions in FLORIDA		
1 11 % Addition	20 000000000000000000000000000000000000		4. State or Country of Formation	to date:		
2. Mailing Address	2a. Principal Office Address		FL.	2,044,400.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For		
City & State	k State City & State		59-3219628	Not Applicable		
			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country	Zip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee information		
			40			
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office				
SMOLENSKY, GERALD L						
SMOLENSKY, GERALD L 2270 RANCHETTE LANE PALM HARBOR FL 34683		Street Address (P.C	s (P.O. Box Number Is Not Acceptable)			
PALM HARBOR FL 34683		Suite, Apt. #, etc12/06/3601100021				
		City	****5	76.25 ************************************		
for the purpose of changing its re agent. Lam familiar with, and acc	tions 620 1051 and 620.192. Florida Statutes, the above-nam agistered office or registered agent, or both, in the State of Fl cept the obligations of section 620 192, Florida Statutes.	ed limited partnership o prida. Such change was	rganized or registered under the laws of the authorized by its general partner(s). I here	eby accept the appointment of registere		
SIGNATURE (Registered Agent Accepting A GENERAL PARTN	ER THAT IS A CORPORATION,	I IMITED PAI				
A GENERAL PARTIE	MUST BE REGISTERED AN	D ACTIVE V	VITH THIS OFFICE.			
11. Name(s) of General Partner(s)	Address of Each Gene 11a. (Do NOT Use Post Office I	ai Partner Box Numbers) 11L	City, State & Zip Code	11c. Registration/ Document Number		
SMOLENSKY, GERALD L	2270 RANCHETTE LAN	E	PALM HARBOR FL 34683			
SMOLENSKY, RHODA S	2270 RANCHETTE LAN	E	PALM HARBOR FL 34683			
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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

empowered to execute this report as required by chapter 620. Florida Statutos

SIGNATURE

Typed or Printed Name of General Partner Signing Form

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