

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 30 PM 1:17

116



1. Name of Limited Partnership
HUNTERWOOD ASSOCIATES LIMITED PARTNERSHIP

1a. DOCUMENT #
A94000000103

| | |
|---|--|
| Mailing Address 777 41ST STREET, 4TH FLOOR MIAMI BEACH FL 33140 | Principal Office Address 5890 S. LAKE HOUSTON PARKWAY HOUSTON TX 77049 |
| 2. Mailing Address | 2a. Principal Office Address 200 IMPRESSO DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State CLEARWATER, FL |
| Zip Country | Zip Country 34625 USA |

| | |
|---|---|
| 3. Date Formed or Registered 01/24/1994 | 5a. Capital Contributions as Shown on record \$126,022.92 |
| 3a. Date of Last Report 07/22/1996 | 5b. Amount of Capital Contributions in FLORIDA to date: \$126,022.92 |
| 4. State or Country of Formation FL | |
| 6. FEI Number 65-0467641 | <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
**EVANS, LAURIE P
328 MINORCA AVENUE
CORAL GABLES FL 33134**

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City **FL** Zip Code

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) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
|--|---|-----------------------------|-----------------------------------|
| VAIL VALLEY SALVAGE CORP. | 777 41ST STREET, 4TH | MIAMI BEACH FL 33140 | L31909 |
| 200002049422--3 -01/07/97--01173--002 ****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 *[Signature]* DATE **9/27/96**

Typed or Printed Name of General Partner Signing Form **Robert Bologh, as President of the General Partner, Vail Valley Salvage Corp.** Daytime Telephone Number **305-538-4314**

CR2E003 (6/96)