



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 Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 NOV 21 PM 3:42 	
1. Name of Limited Partnership PALM PARTNERS, LTD.		1a. DOCUMENT # A940000000173 97-AR CM			
Mailing Address 4119 LAKESPUR CIRCLE SOUTH PALM BEACH GARDENS FL 33410		Principal Office Address 4119 LAKESPUR CIRCLE SOUTH PALM BEACH GARDENS FL 33410		3. Date Formed or Registered 02/10/1994	
				5a. Capital Contributions as Shown on record. \$990.00	
				3a. Date of Last Report 04/03/1996	
				5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0557312 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent HACKNEY, ROBERT C 4119 LAKESPUR CIRCLE SOUTH PALM BEACH GARDENS FL 33410		10. If changed, new Registered Agent/Office Name 400002021064--3 Street Address (P.O. Box Number Is Not Accepted) 42705/96--01062--012 Suite, Apt. #, etc. ****191.25 ****191.25 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) HACKNEY, ROBERT C	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4119 LAKESPUR CIRCLE	11b. City, State & Zip Code PALM BEACH GARDENS FL	11c. Registration/Document Number
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

ROBERT C. HACKNEY

10/6/94
(561) 837-2913

CR2E003 (6/96)