

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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| LIMITED PARTNERSHIP ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS |
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FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 19 PM 2:20

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| 1. Name of Limited Partnership THE DOLORES A. BARTH FAMILY LIMITED PARTNERSHIP | 1a. DOCUMENT # A94000000196 |
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| Mailing Address 4003 BOOTH PLACE SARASOTA FL 34231 | Principal Office Address 4003 BOOTH PLACE SARASOTA FL 34231 | 3. Date Formed or Registered 02/17/1994 | 5a. Capital Contributions as Shown on record \$152,000.00 |
| | | 3a. Date of Last Report 12/15/1995 | 5b. Amount of Capital Contributions in FL C/RIDA to date 0 |
| 2. Mailing Address | 2a. Principal Office Address | 4. State or Country of Formation FL | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 6. FEI Number 65-0468646 | <input type="checkbox"/> Applied For <input checked="" 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) | |

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|--|---|
| 9. Name and Address of Current Registered Agent BURQUEST, BILLIE 4003 BOOTH PLACE SARASOTA FL 34231 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City |
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MP 12/26

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.**

| | | | |
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| 11. Name(s) of General Partner(s) BURQUEST, BILLIE | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4003 BOOTH PLACE | 11b. City, State & Zip Code SARASOTA FL 34231 | 11c. Registration/Document Number 600002040186--9 -12/27/96--01135--019 ****191.25 ****191.25 |
|---|---|--|--|

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

Billie B. Burquest

DATE **Dec 15, 1996**

Typed or Printed Name of General Partner Signing Form

Billie B. Burquest

Daytime Telephone Number

941-924-8295

CR2E003 (6/96)