

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2027

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
**1a. DOCUMENT #
A94000000242**

THE LYSNE FAMILY LIMITED PARTNERSHIP



Mailing Address 109 PRESTWICK CIRCLE VERO BEACH FL 32967		Principal Office Address 109 PRESTWICK CIRCLE VERO BEACH FL 32967		3. Date Formed or Registered 02/25/1994	5a. Capital Contributions as Shown on record \$600,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/04/1995	5b. Amount of Capital Contributions in FLORIDA to date: same
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	6. FEI Number 65-0526062 <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		Zip		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent LYSNE, SIGFRED G 109 PRESTWICK CIRCLE VERO BEACH FL 32967	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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) LYSNE, SIGFRED G	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 109 PRESTWICK CIRCLE	11b. City, State & Zip Code VERO BEACH FL 32967	11c. Registration/ Document Number 600002082896--3 -12/18/95--01087--015 ****576.25 ****576.25
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CR2E003 (6/96)

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 *Sigfred G. Lysne* DATE _____
Typed or Printed Name of General Partner Signing Form SIGFRED G. LYSNE Daytime Telephone Number 561-562-3521