

**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 OCT 18 PM 12:00



1. Name of Limited Partnership
T.J.A.D., LTD.

1a. DOCUMENT #
A94000000748

2. Mailing Address 1048 KANE CONCOURSE, SUITE 2-B BAY HARBOR FL 33154		2a. Principal Office Address 1048 KANE CONCOURSE, SUITE 2-B BAY HARBOR FL 33154		3. Date Formed or Registered 06/03/1994	5a. Capital Contributions as Shown on record \$125,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report 11/06/1995	
City & State		City & State		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date
Zip Country		Zip Country		6. FEI Number 65-0576281 <input type="checkbox"/> Applied For <input checked="" 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 GADINSKY, SETH 1048 KANE CONCOURSE, SUITE 2-B BAY HARBOR FL 33154		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

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) T.J.A.D., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1048 KANE CONCOURSE,	11b. City, State & Zip Code BAY HARBOR FL 33154	11c. Registration/Document Number P94000015780
800001985598--2 -10/25/96--01028--019 ***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 exempt on 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 *Seth Gadinsky* DATE 10/16/96
Typed or Printed Name of General Partner Signing Form **Seth Gadinsky** Daytime Telephone Number 305-816-9188

CR2E003 (6/96)