

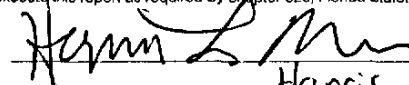


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b> <b>96 DEC 23 PH 3: 13</b> 	
<b>1. Name of Limited Partnership</b>  <b>LOW/HIGH FUND, LIMITED PARTNERSHIP</b>		<b>1a. DOCUMENT #</b> <b>A94000000845</b>		
<b>Mailing Address</b> 3205 BEACON ST. POMPANO BEACH FL 33062		<b>Principal Office Address</b> 3205 BEACON ST. POMPANO BEACH FL 33062		<b>3. Date Formed or Registered</b> 06/24/1994  <b>3a. Date of Last Report</b> 01/02/1996
<b>2. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>2a. Principal Office Address</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>4. State or Country of Formation</b> FL  <b>5a. Capital Contributions as Shown on record</b> \$500,000.00  <b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$328,267.41  <b>6. FEL Number</b> 65-0426014 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  <b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required  <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>
<b>9. Name and Address of Current Registered Agent</b> ROEN, SHELDON R 3205 BEACON ST POMPANO BEACH FL 33062		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number, if applicable) Suite, Apt. #, etc. City FL Zip Code		
<b>10a.</b> 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 _____				
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>				
<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>	
ROEN, SHELDON R  ROEN, HARRIS  ROEN, DIANE	3205 BEACON ST.  HC 32, BOX 39A  HC 32, BOX 39A	POMPANO BEACH FL 3306  CALAIS VT 05648  CALAIS VT 05648		
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>				
<b>12.</b> 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 12/18/96 Typed or Printed Name of General Partner Signing Form Harris L. Roen Daytime Telephone Number 802-223-4303				

CR2E003 (5/96)