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

1. Name of Limited Partnership

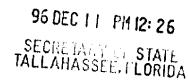
a. DOCUMENT # **A9400000947**

LAMAR M. ADAMS LIMITED PARTNERSHIP

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form





#12/12

			<u> </u>			
Mailing Address ** R. WADE ADAMS. FIFTH FLOOR. CONCORD BLDG 66 WEST FLAGLER MIAMI FL 33130	Principal Office Address % R. WADE ADAMS. FIFTH FLOOR. CONCORD BLDG 66 WEST FLAGLER MIAMI FL 33130		3. Date Formed or Registered 07/13/1994 38. Date of Last Report	5a. Capital Contributions as Shown on record. \$3,624,000.00 5b. Amount of Capital Contributions in FLORIDA to date		
minmi TE 50150			04/02/1996 4. State or Country of Formation			
2. Mailing Address	2a. Principal Office Address		FL	\$ 3,	624,000,00	
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6. FEI Number 65-0505340	Applied For Not Applicable \$8.75 Additional		
City & State			7. Certificate of Status Desired			
Zip Country	Zip Country		Fee Required 8. Make check payable to Dept. of State (See reverse side for fee information)			
			D, Make Crieck payable to Dept. of	State (See 164	erse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office				
ADAMS, R. WADE		Name				
66 WEST FLAGLER FIFTH FLOOR, CONCORD BUILDING MIAMI FL 33130		Street Address (P.O.	Street Address (P.O. Box Number Is Not Acceptable)			
		Colta And Brass	O No Add B at			
		Suite, Apt. #, etc.				
		City FI Zip Code				
for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)			uthorized by its general partner(s). I her	•	appointment of registered	
A GENERAL PARTNER THAT I MUST	S A CORPORATION, BE REGISTERED AN	LIMITED PAR	TNERSHIP OR OTHE ITH THIS OFFICE.	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office E	al Partner lox Numbers) 11b.	City, State & Zip Code	11c.	Registration/ Document Number	
ADAMS, LAMAR M	3965 LEAFY WAY		IIAMI FL 33133			
ADAMS, R. WADE	6399 S.W. 100TH STREE		IIAMI FL 33156			
ADAMS, RICHARD 8 JR	7595 S.W. 53RD PLACE		IIAMI FL 33143			
s						
•	i		1 00002! -12/12 *****5	0279 79601 83.00	3817 ,098020 ****\$85.00	
Note: General partners MAY NOT	be changed on this for	n; an amendm	ent must be filed to ch	ange a g	eneral 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee