

**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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000947

LAMAR M. ADAMS LIMITED PARTNERSHIP



Handwritten initials

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

5a. Capital Contributions as Shown on record.
\$3,624,000.00

3a. Date of Last Report
04/02/1996

5b. Amount of Capital Contributions in FLORIDA to date
\$ 3,624,000.00

4. State or Country of Formation
FL

2. Mailing Address, Suite, Apt. #, etc., City & State, Zip Country
2a. Principal Office Address, Suite, Apt. #, etc., City & State, Zip Country

6. FEI Number **65-0505340**
 Applied For
 Not Applicable

7. Certificate of Status Desired **\$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

10. If changed, new Registered Agent/Office

**ADAMS, R. WADE
66 WEST FLAGLER
FIFTH FLOOR, CONCORD BUILDING
MIAMI FL 33130**

Name, Street Address (P.O. Box Number Is Not Acceptable), Suite, Apt. #, etc., City, State, 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) *[Signature]* 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ADAMS, LAMAR M	3985 LEAFY WAY	MIAMI FL 33133	
ADAMS, R. WADE	6399 S.W. 100TH STREE	MIAMI FL 33156	
ADAMS, RICHARD B JR	7595 S.W. 53RD PLACE	MIAMI FL 33143	

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****585.00 ****585.00

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 *[Signature]* DATE **Dec. 10, 1996**
Typed or Printed Name of General Partner Signing Form **R. WADE ADAMS** Daytime Telephone Number **(305) 371-3555**

CR2E003 (6/96)