

**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

96 DEC 11 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000947

LAMAR M. ADAMS LIMITED PARTNERSHIP



#12/12

| | | | | | |
|---|--|--|--|---|--|
| 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 |
| 2. Mailing Address | | 2a. Principal Office Address | | 3a. Date of Last Report 04/02/1996 | 5b. Amount of Capital Contributions in FLORIDA to date \$ 3,624,000.00 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. State or Country of Formation FL | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. FEI Number 65-0505340 | |
| Zip Country | | Zip Country | | 7. Certificate of Status Desired | 8. Make check payable to: Dept. of State (See reverse side for fee information) |

9. Name and Address of Current Registered Agent

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

10. If changed, new Registered Agent/Office

| | |
|--|--------------------|
| Name | |
| Street Address (P.O. Box Number Is Not Acceptable) | |
| Suite, Apt. #, etc. | |
| City | FL Zip Code |

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