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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

Typed or Printed Name of General Partner Signary



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

. DOCUMENT #

DIVISION OF CORPORATIONS 97 JAN 21 PH 3: 03



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 this annual report is true and accurate and that my signisture 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 true empowered to execute this report as required by chapter 620. Florida Statutes.		71070000	01000					
SOO NW 60TH AVE OCALA R. 34475  2. Mining Actions	VARNERTON LIMITED PARTNE	RSHIP			1 (60)017 1640 1844 0104 00011 8		1870) 11877 OBJET IDIJU 70(1 HOE)	
\$5,000.00  2. Manag Actives					2 Due Formed or Registered	58. Capit	al Contributions as	
2. Mystery Address 2. Mystery Address 2. Mystery Address 3. Suite April a feet 5. DANN HWY 235 A 3. Suite April a feet 5. SUITE April a feet 5. SUITE April a feet 5. SUITE April a feet 6. FEN water 8 feet 7. Centificate of Status Descript 7. Centificate of Status Descript 7. Centificate of Status Descript 8. Make check payable to Dept of State Glee reverse scipt feet Informat 9. Name and Address of Current Registered Apent 10. If changed new Registered Apent Office or Registered Apent 10. If changed new Registered Apent Office or Registered Apent Accepting Apportment Office Office Approach Office Office Approach Office Office Approach Office Office Approach Office Office Office Approach Office	6000 NW 60TH AVE.	6000 NW 60TH AVE.			08/08/1994	\$5,000.00 5b. Amount of Capital		
2. My large Address  Suito Apit R. oic  City & Salto  City &					<b>3a.</b> Date of Last Report 12/26/1995			
Suite, Apt #, etc.  City  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  Suite, Apt #, etc.  City  FL  Zip Code  To.  During the discovery backer of the Bases of the Salation  Schalar in the suite of the Bases of the Salation  Schalar in the suite of the Bases of the Salation  Schalar in the suite of the Bases of the Salation  Schalar in the suite of the Bases of the Salation  During the suite of the Bases of the Salation  During the suite of the Bases of the Salation  Schalar in the suite of the Bases of the Salation  Schalar in the suite of the Bases of the Salation  Schalar in the suite of the Bases of the Salation  During the suite of the Bases of the Bases of the Salation  Schalar in the suite of the Bases of the Salation  Schal	2. Mailing Address HWV 225A	2a. Principal Office Addres		SA		toda	te	
DCALA PLORADA  COUNTY 34482  COUNTY 8. Make chack populated to Dopt of Statis (Gee reverse code for fee informance of the County of Statis (Gee reverse code for fee informance of the County of Statis (Gee reverse code for fee informance of Statis (Gee fee informance of Statis (Gee fee informance of Statis (Gee fee i	Suite, Apt. #, etc.	Suite, Apt #, etc.			6. FEI Number 59-3270179		Applied For Not Applicable	
9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent Office  BLANCHARD, DOCK A  44 SOUTHEAST FRST AVE.  OCALA FL 34471  10a. Fursiant to the provisions of sections 670 1001 and 670, 1501 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 partners). He reby accept the originations of sections 670 1001 and 670, 1501 for dis Statutes  10a. Fursiant to the provisions of sections 670 1001 and 670, 1501 for dis Statutes. The above mando limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partners(). He reby accept the appointment of registered agent, I and familiar with and accept from chingshows of socion 150 150. Florida Statutes  10a. Fursiant to the provisions of section 670 1001 for in the State of Florida. Such change was authorized by its general partners(). He reby accept the appointment of registered agent, I and familiar with and accept from chingshows of socion 150 1501 for florida Statutes  10a. Beneral partners Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11a. Bond() of General Furner()  11b. Chy, State & Zip Code  11c. Registratory  11c. Registratory  11d. ON 11st Pascal Office for the Numbers  11b. Chy, State & Zip Code  11c. Registratory  11c. Registratory  11d. ON 11st Pascal Office for the Numbers  11d. ON 11st P	DCALA MORIDA	UCALA FL	COUNTY COUNTY		7. Certificate of Status Desired	Fee Required		
BLANCHARD, DOCK A 44 SOUTHEAST FIRST AVE.  OCALA FL 34471  Street Address (P.O. Box Number is Not Acceptable)  Date In the Street Address (P.O. Box Number is Not Acceptable)  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)  12. Address of Each General Partner(s)  13. Address of Each General Partner(s)  14. Address of Each General Partner(s)  15. Copy State Address of Each General Partner(s)  16. Copy State Address of Each General Partner(s)  17. Address of Each General Partner(s)  18. Copy	34482 USA	34482	USA		8. Make check payable to: Dept. o	f State (See re	verse side for fee information	
Street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Street	9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
OCALA FL 34471    Suite, Apt #, etc.	BLANCHARD, DOCK A		Name	Name				
Total Partners  The provisions of sections 620 1051 and 620 192 Forida Statutes, the above-named Imited partnership organized or registered under the laws of the State of Florida, authorits 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 register agent, I am familiar with and accept the obligations of section 620 192, Florida Statutes  SIGNATURE (Progistered Agent Accepting Approximent)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Do NOT Use Pear Office Box Numbers)  11b. City, State & Zip Code  11c. Registrator/Document Number  WARNERTON FARM, INC.  8000 NW 70TH AVE.  OCALA FL 34475  P94000040410  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner  12. I do hereby certify that the information supplied with bits ling is votariately furnished and does not qualify for the exemption stated in Section 119 07(39)%. Florida Statutes I release the Division of Corporations from any feelings of non-configence with Section 119 07(39)% of the configence confirm the information indicated tris amount report is frue and accurate and that my signature will have the same legal effects as if made under oath. I Luther certify that it is am a General Partner of the initied partnership, receiver or for empowered to execute this report as required by chapter 52. Finds Statutes.			Street Addr	Box Number Is Not Acceptable)				
10a. Pursuant to the provisions of sections 620 1051 and 620 1057 incide Statutes, the above-named imited partnership organized or registered under the laws of the State of Florida, submits this statents 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, and familiar with and accept the obligations of section 620 192, Florida Statutes  SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Additional Example Planton (po NOT Use Resi Office Box Numbers)  11b. City, State 4 Zip Code  11c. Registeror/ Decoment Number  OCALA FL 34475  P94000040410  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner  12. I do hereby costly that the information supplied with this fing is voluntarily turnished and does not qualify for the event that the information supplied access. Horizon public access. Horizon policy access. Horizon collish that he information disclass this arrows report is true and accounted and that my signature shall have the same legial effects as if made under oath. I further certify that I am a General Partner of the limited parinership, receiver or to empowered to execute this report as required by chapter 500, florida Statutes.	OCALA FL 34471	Suite, Apt #, etc.		⊭, elc.				
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, aubmits this statement for the purpose of changing is registered office or registered agent, or both in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. Lam femiliar with: and accept the obligations of section 620 192, Florida Statutes  SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED Additions of Each General Partners.  11. Name(s) of General Partner(s).  11a. (co NOT Use Foot Office Box Numbers).  11b. City, State & Zip Code.  11c. Peoplatation.  Ped000040410  WARNERTON FARM, INC.  6000 NW 70TH AVE.  OCALA FL 34475.  Ped0000404110  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hereby certify that the reformation supplied with this filing is voluntaryly trainshed and dose not equally to up to prophylication the control of the complete of the prophylication of the state of the prophylication of the form of the imministry trainshed under oath. I further certify that it am a General Partner of the limited partnership, receiver or for empowered to execute this report as required by chapter 620, Florida Statutes.		City					Zip Code	
11. Name(s) of General Partner(s)  WARNERTON FARM, INC.  6000 NW 70TH AVE.  City, State & Zip Code  11c. Registration/Document Number  OCALA FL 34475  P94000040410  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 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 true empowered to execute this report as required by chapter 50.0 Florida Statutes.	SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS	S A CORPORATIO	N, LIMITED	PART	NERSHIP OR OTHE		NESS ENTITY	
WARNERTON FARM, INC.  6000 NW 70TH AVE.  OCALA FL 34475  P94000040410  4000020 67534 C -01/24/87,01039,008 *****191.25  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner  12. Ido herety 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 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 true empowered to execute this report as required by chapter 6/0. Florida Statutes.						11c.		
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 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 true empowered to execute this report as required by chapter 620, Florida Statutes.	WARNERTON FARM, INC.			OCALA FL 34475		- Coodinon (12-1150)		
12. I do heretry 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 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 true empowered to execute this report as required by chapter 620. Florida Statutes.					-01/24	1067 1787—0 191.25	5340 1039008 ****191.25	
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 this annual report is true and accurate and that my significant 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 true empowered to execute this report as required by chapter 620. Florida Statutes.	1							
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 this annual report is true and accurate and that my significant 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 true empowered to execute this report as required by chapter 620. Florida Statutes.								
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 this annual report is true and accurate and that my significant 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 true empowered to execute this report as required by chapter 620. Florida Statutes.	Note: General partners MAY NOT	be changed on this f	orm: an am	endme	ent must be filed to ch	ange a c	eneral partner.	
SIGNATURE 1897	12. I do heretry certify that the information supplied with this Corporations from any hability of non-compliance with S this annual report is true and accurate and that my sign	s filing is voluntarily furnished and ob Section 119.07(3)(k) in the event that lature shall have the same legal effer	oes not qualify for the	e exemption plied is dee	n stated in Section 119.07(3)(k), Florida med exempt from public access. I furt	a Statutes. I rel her certify that	ease the Division of the information indicated or	
	SIGNATURE	LAT			DATE	1/8/0	17	

JoHN F. DINU Daytime Telephone Number 352-622-6100