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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DE PARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

^{1a.} A94000001238

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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P.O. BOX 16206 PLANTATION FL 33318 P.O. BOX 16206 PLANTATION FL 33318 Contraction of Last Report 10/10/1995 \$5,800.00 2. Mailing Address 2a. Principal Office Address 4. State or Country of Formation FL OHIDA to date: Contraction of Applied For Country of Formation and the contraction of Country of Formation (Contraction) Applied For Not Applied For Not Applied For State City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required	AM LEWIS ROOFING, LTI	D.) 10 0 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18/11 18/11	
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2. Mailing Address 2a. Principal Office Address FL Suite, Apt. #, etc. 5. Suite, Apt. #, etc. City & State City & State Cuy & State 7. Country 7. Country 7. Country 7. Country 8. Make check payable to Dear of Status Desired 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office LEWIS, SAM 7540 BLACK OLIVE WAY TAMARAC FL 33321 10a. Personnt to the provisions of sections 620 1031 and 620 107 Fairda Statutas, the above named initied partnershy program-and or registered under the laws of his State of Foods. Such change was a Jahra-2nd by its general partnershy in receptor of changing is registered adoption of Scotion (20 103 Florida Statutas). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND A CTIVE WITH THIS OFFICE. 11. Kanneta) of General Partners(s) 11a. (Inchigate and Partners(s) 11b. Cry, State 8 2gr Code 11c. Registration 11d. Sameta) of General Partners(s) 11a. (Inchigate State Office of State Office Office State Office Of	•				5b. Aniount of Capital Contributions in FLORIDA to date:	
City & State Country Zip Country Zip Country State Status Desired Status D	2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			
City & State Country Zip Country Zip Country R. Make check purpose to Status Desired Status Series destroyed Registered Agent to Dear of Status (None receives sealed for Non-referred Agent)	Suite, Apt. #, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			
Suppose Country Zip Country Registered Agent Registered Agent To, if changed, new Registered Agent To, if changed in the Acceptable Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) To, if the provisions of sections 820 1051 and 620 192 Foorida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, such orlange was a affinitive by the general partner(s) Thereby accept the approximent of registered agent or both in the State of Florida Statutes To a familiar with and accept the originations of section (20.192, Florida) Statutes To a familiar with and accept the originations of section (20.192, Florida) Statutes To a familiar with and accept the originations of section (20.192, Florida) Statutes To a familiar with and accept the originations of section (20.192, Florida) Statutes To a familiar with and accept the originations of section (20.192, Florida) Statutes To a familiar with and accept the originations of the statutes To a familiar with and accept the originations of the statutes To a familiar with a familiar with and accept the originations of the statutes To a familiar with a familiar with a familiar with and accept the originations of the statutes To a familiar with a famil	City & State	City & State		7. Certificate of Status Desired		
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Name Name Name Street Address (P.O. Box Number is Not Acceptable) Substance Name Street Address (P.O. Box Number is Not Acceptable) Substance Not Acceptable Substance Not Acceptable Substance Not Acceptable Not Accep						
TAMARAC FL 33321 Street Address (P.O. Box Number is Not Address the Not Addre						
Suite, Apt #, etc City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code The purpose of changing its registered agent of both, in the State of Florida, submits this statems for the purpose of changing its registered agent agent. I am 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 ENTITED MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) TAMARAC FL 33321 TAMARAC FL 33321 SOCIOLO 1 1931 22:3 — 4 -10/30/96 — 01127 — 001 ******191.25 ******191.25			Street Addr	ess (P.O. Box Number Is Not Acceptable)		
To 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 register agent. I am familiar with and accept the obligations of section (20.192, Florida Statutes). SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITION BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s). 11a. (address of Each General Partner). 11b. City, State & Zip Code. 11c. Registration/Document Number. 11b. City, State & Zip Code. 11c. Production Number. 11d. (b) NOT Use Post office Box Numbers. 11d. (c) NOT Use Post office Box Numbers.						
PL 10a. Pursuant to the provisions of sections 620 1951 and 620 192. Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statem 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 (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. (De NOT Use Fost Office Box Numbers). 11b. City, State 8 Zip Code. 11c. Flogistration/ Document Number. LEWIS, SAMUEL B. 7540 BLACK OLIVE WAY. TAMARAC FL 33321 30000119912239-4 -10/30/36-01127-001 ******191.25						
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). Thereby accept the appointment of registering agent. I am 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. (po NOT Use Fost Office Box Numbers). LEWIS, SAMUEL B. 7540 BLACK OLIVE WAY. TAMARAC FL 33321 3 0 0 0 1 2 3 1 2 3 3 - 4 1 1 2 3 3 - 4 1 1 2 3 3 3 3 1 1 2 3 3 3 3 1 1 2 3 3 3 3			FL Zip Code			
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3000019912234 -10/30/9601127001 ****191.25 ****191.25	11. Name(s) of General Partner(s)	Address of Each Ger 11a. (Do NOT Use Post Office			11c. Registration/ Document Number	
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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 _ LEWIS Typed or Printed Name of General Partner Signing Form

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. Frelease the Division of

CR25003 (6/96)