

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

FILED

97 JAN 31 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

1. Name of Limited Partnership
CONTINENTAL FARMS LIMITED

1a. DOCUMENT #
A94000001450

Mailing Address
**2020 N.W. 89TH PLACE
MIAMI FL 33172**

Principal Office Address
**2020 N.W. 89TH PLACE
MIAMI FL 33172**

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

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

3. Date Formed or Registered
10/26/1994

3a. Date of Last Report
12/12/1995

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record.
~~\$100.00~~
\$9,801,100.00

5b. Amount of Capital Contributions in FLORIDA to date:
\$9,801,100

6. FEI Number
65-0599444 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
**RICHARDS, TIMOTHY D ESQUIRE
2065 SOUTH BAYSHORE DRIVE, SUITE 900
MIAMI FL 33133**

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
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) _____ 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
CONTINENTAL FARMS MANAGEMENT	2020 N.W. 89TH PLACE	MIAMI FL 33172	P94000079308
			500002076735--1 -02/04/97--01023--011 ****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 *L. James Teper* DATE **9/18/96**

Typed or Printed Name of General Partner Signing Form L. James Teper, President Daytime Telephone Number **305-591-8886**

CR2E003 (6/96)