


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		FILED 96 DEC 30 PM 4:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership LIONSPAW DEVELOPMENT, LTD.		1a. DOCUMENT # A94000001478			
Mailing Address 17 LIONSPAW GRAND DAYTONA BEACH, FL 32124		Principal Office Address		3. Date Formed or Registered	
2. Mailing Address SAME AS ABOVE		2a. Principal Office Address SAME AS ABOVE		3a. Date of Last Report 1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		5a. Capital Contributions as Shown on record. \$50,000.00	
Zip		Country		5b. Amount of Capital Contributions in FLORIDA to date.	
				6. FEI Number 59-3303898	
				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$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	
		Name RICHARD A. McMAHAN	
		Street Address (P.O. Box Number Is Not Acceptable) 125 E. INDIANA AVE.	
		Suite, Apt. #, etc. A-2	
		City DELAND, FL	
		Zip Code 32724	

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) X Richard A. McMahan DATE 12/24/96

**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
TRICORP., INC.	125 E. INDIANA AVE SUITE A 2	DELAND, FL 32724	445895
THE COMMERCE CORP.	ONE CIRCLE OAKS TRAIL	ORLANDO BEACH, FL 32174	636425
		4000002051124--8 -01/08/97--01100--005 ****488.75 ****488.75	

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 X Richard A. McMahan DATE 12/24/96
RICHARD A. McMAHAN **904 731-3299**