

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAY -5 PM 2:01

1. Name of Limited Partnership

1a. DOCUMENT #  
**A94000001620**



MELROSE HEIR ASSOCIATES LIMITED PARTNERSHIP

Mailing Address  
~~P.O. BOX 1032  
MELROSE FL 32666~~

Principal Office Address  
~~115 MELROSE LANDING DRIVE  
MELROSE FL 32668~~

3. Date Formed or Registered  
12/01/1994

5a. Capital Contributions as Shown on record.  
**\$345,000.00**

3a. Date of Last Report  
01/03/1996

5b. Amount of Capital Contributions in FLORIDA to date:  
**345,000.00**

2. Mailing Address  
2474 Poinciana Court

2a. Principal Office Address  
2474 Poinciana Court

4. State or Country of Formation  
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number  
59-3347749

Applied For  
 Not Applicable

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country  
33327 USA

Zip Country  
33327 USA

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

MELROSE HEIR CORPORATION  
115 MELROSE LANDING DRIVE  
MELROSE FL 32668

Name  
Julianne Southern  
Street Address (P.O. Box Number is Not Acceptable)  
2474 Poinciana 4000002167704--8  
Suite, Apt. #, etc.  
-05/06/97--01085--009  
City  
Ft. Lauderdale FL 33327

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 4/29/97

**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

MELROSE HEIR CORPORATION

115 MELROSE LANDING D  
2474 Poinciana Court

MELROSE FL 32668  
Ft. Lauderdale, FL 33327

P94000087197

CR  
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (954) 384-5889