

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 27 PM 2:08



1. Name of Limited Partnership HAILE NORTH, LTD.		1a. DOCUMENT # A94000001675	
Mailing Address 5341 SW 91ST TERRACE, #A GAINSVILLE FL 32608		Principal Office Address 5341 SW 91ST TERRACE, #A GAINSVILLE FL 32608	
2. Mailing Address Suite, Apt. #, etc. 5300 SW 91st Terr. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. 5300 SW 91st Terr. City & State Zip Country	
3. Date Formed or Registered 12/09/1994		5a. Capital Contributions as Shown on record \$1,500.00	
3a. Date of Last Report 01/04/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 59-3301665 <input type="checkbox"/> Applied For <input 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 ROWE, ROBERT R 5341 SW 91ST TERRACE, #A GAINSVILLE FL 32608		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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) HAILE NORTH MANAGEMENT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9905 S.W. 44TH AVENUE	11b. City, State & Zip Code GAINSVILLE FL 32608	11c. Registration/Document Number P94000089345
200002048462--0 -01/07/97--01106--024 ****191.25 ****191.25			

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

Robert R. Rowe

DATE

12/26/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)