

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -3 PM 2:47



1. Name of Limited Partnership	1a. DOCUMENT # A94000001722
P. STANLEY FAMILY LIMITED PARTNERSHIP	

Mailing Address 6342 FOREST HILL BLVD. BOX 138 WEST PALM BEACH FL 33415 US	Principal Office Address 6342 FOREST HILL BLVD. BOX 138 WEST PALM BEACH FL 33415 US	3. Date Formed or Registered 12/12/1994	5a. Capital Contributions as Shown on record. \$1,000.00
		3a. Date of Last Report 03/25/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	6. FEI Number 65-0652865 <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 STANLEY, PAUL 1055 LONGLED TERRACE WEST PALM BEACH FL 33414	10. If changed, new Registered Agent/Office Name 600002134316--9 Street Address (P.O. Box Number is Not Acceptable) 6404/97--0111--014 Suite, Apt. #, etc. ****156.25 ****156.25 City FL Zip Code
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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) STANLEY, PAUL	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1055 LONGLED TERRACE	11b. City, State & Zip Code WEST PALM BEACH FL 33	11c. Registration/Document Number AL 4-3
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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