

**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

97 JAN 13 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

1. Name of Limited Partnership	1a. DOCUMENT # A94000001836
MAXINE H. FORWARD FAMILY LIMITED PARTNERSHIP NO. 1	

Mailing Address	Principal Office Address
c/o MAXINE H. FORWARD 3153 WARRINGTON ROAD SHAKER HEIGHTS OH. 44120-2428	
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 12/23/94	5a. Capital Contributions as Shown on record. \$620,469.00
3a. Date of Last Report 12/6/95	5b. Amount of Capital Contributions in FLORIDA to date: \$620,469.00
4. State or Country of Formation FL	
6. FEI Number 34-1787537	<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	10. If changed, new Registered Agent/Office
SMITH V. MORRIS ESQ 22 SOUTH TUTTLE AVE SUITE 3 SARASOTA FL 34237-6395	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.1061 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
FORWARD, MAXINE H.	3153 WARRINGTON ROAD	SHAKER HEIGHTS OH 44120-2428	
		500002061285--4 -01/17/97--01014--021 ****576.25 ****576.25	

CR2E003 (6/96)

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

Maxine H. Forward

DATE 1-8-97

Typed or Printed Name of General Partner Signing Form

MAXINE H. FORWARD

Daytime Telephone Number 216-991-0600