



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 20 PM 1:53 H12/27	
1. Name of Limited Partnership HAIDT LIMITED PARTNERSHIP		1a. DOCUMENT # A95000000050					
Mailing Address 3060 WESTGATE AVE. WEST PALM BEACH 34 33409		Principal Office Address 3060 WESTGATE AVE. WEST PALM BEACH 34 33409		3. Date Formed or Registered 12/27/1994		5a. Capital Contributions as Shown on record \$1,772,800.00	
				3a. Date of Last Report 01/02/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number APPLIED FOR 65-0630416		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent MORA, ABRAHAM M ESQ 1401 FORUM WAY, SUITE 700 WEST PALM BEACH FL 33401		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is not acceptable)	
		Suite, Apt. #, etc.	
		City	
		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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
HAIDT, FLORA BELLE	1213 SUWANEE DRIVE	WEST PALM BEACH FL 33	

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

Flora Belle Haidt
FLORA BELLE HAIDT

DATE

12-16-96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(561) 683-3186