FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

413 LIMITED PARTNERSHIP



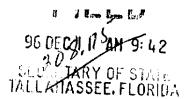
FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership





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				9/12/12			
Mailing Address ** ELCIE MAFRENCH M .			01/30	3. Date Formed or Registered 01/30/1995		58. Capital Contributions as Shown on record.	
SEBRING FL 33870	ING FL 33870 SEBRING FL 33870		3a. Date of Last Report 04/15/1996 4. State or Country of Formation		I to date	nt of Capital butions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		FL			10,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Numb 59-32			Applied For Not Applicable	
City & State	City & State		7. Certificate	of Status Desired	Pesired \$8.75 Additional		
Zip Country	Zip	Zip Country		Fee Required Make check payable to: Dept. of State (See reverse side for fee information)			
O. Name and Address of Course	4 Declatored Agent	1	10 fa	anned now Registers	d Agent/Office		
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office					
FRENCH, ELCIE NA 413 HICKORY RIDGE DRIVE		Street Address (P.O. Box Number Is Not Acceptable)					
SEBRING FL 33870		Suite, Apt #, etc.					
	,	City FL Zip Code				Zip Code	
agent I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS		LIMITED D ACTIV	PARTNERSH	DATE IP OR OTHE		NESS ENTITY	
11. Name(s) of General Partner(s)		Address of Cook Cookers Downson		11b. City, State & Zip Code		Registration/ Document Number	
FRENCH, ELCIE M	413 HICKORY RIDGE DRI		SEBRING FL (0280	2 80164 601105018	
				-12/12. ****20	/9601 08. 75	105018 *** *208.89 208.75	
Note: General partners MAY NO	T be changed on this forr	n; an am	endment must	be filed to ch	ange a g	eneral partner.	
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance withis annual report is true and accurate and that my sempowered to execute this report as required by ch	th Section 119.07(3)(k) in the event that the isignature shall have the same legal effects as apter 620. Florida Statules.	nformation supp s if made under	lied is deemed exempt fro	m public access. I furti	ner certify that t	he information indicated on	
OIGHT/TOTIL	ie M. Fre		,	DATE	12/5	196	
Typed or Printed Name of General Partner Signing Form	ELCIE ME	KENC	H Daytime T	elephone Number g_{5}	11-65	5-1641	

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