

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

FILED

97 APR 11 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership REAL PROPERTY BROKERAGE SERVICES LTD.	1a. DOCUMENT # A95000000155
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Mailing Address 4300 SO. U.S. HIGHWAY #1 BOX 203296 JUPITER FL 33477	Principal Office Address 122 PALOMINO DRIVE JUPITER FL 33458
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address 6600 PATIO LANE BOCA RATON FL. Zip Country 33433

3. Date Formed or Registered 01/31/1995	5a. Capital Contributions as Shown on record. \$10,000.00
3a. Date of Last Report 04/05/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$1,000
4. State or Country of Formation FL	6. FEI Number 65-0581859 <input type="checkbox"/> Applied For <input checked="" 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 JOHNSON, J E 122 PALOMINO DRIVE JUPITER FL 33458	10. If changed, new Registered Agent/Office Name: J. E. JOHNSON Street Address (P.O. Box Number is Not Acceptable): 6600 PATIO LANE Suite, Apt. #, etc.: BOCA RATON City: FL 33433
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: 4/01/97	
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) JOHNSON, J E	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 122 PALOMINO DRIVE	11b. City, State & Zip Code JUPITER FL 33458	11c. Registration/Document Number 700002147047--4 -04/17/97--01117--009 *****173.75 *****173.75
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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: 4/01/97
 Typed or Printed Name of General Partner Signing Form: JOHNSON, J. E. Daytime Telephone Number: 5613953667

CR2E003 (11/96)