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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

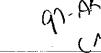
Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A95000000342

DEARDOFF LIMITED



FILED

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SEGRETARY OF STATE TALLAHASSEE, FLORIDA



		· (P	1			
Mailing Address 1850 EAST MERRITT ISLAND CAUSEWAY	Principal Office Address 1850 EAST MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32752 2a. Principal Office Address		3	Date Formed or Registered 03/07/1995	5a. Capital Contributions as Shown on record \$389,000.00 5b. Aniount of Capital Contributions in FLORIDA to date	
MERRITI ISLAND FL 32752			3	8. Date of Last Report 12/18/1995		
2. Mailing Address			4	State or Country of Formation		
Suite. Apt. #, etc.	Suite, Apt #, etc.		6	59-3347927	Applied For Not Applicable	
City & State	City & Stale		7	• Certificate of Status Desired	\$8.75 Addition fee Required	
Zip Country	Zip			. Make check payable to Dopt o	Fee Required of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent				10. If changed, new Heg stered Agent/Office		
DEARDOFF, R. BRUCE 1850 EAST MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32752		Name Sircet Address (F.O. Box Namber)				
		Suite. Apt #. etc			576.25 ****576.2	:5
agent Tamifamiliar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT		, LIMITED	PARTN	ERSHIP OR OTHE	·	TY
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Off		11b.	City State & Zip Code	11c. Registration/ Document Numbe	
DEARDOFF, R. BRUCE	1850 EAST MERRITT ISL		MERI	RITT ISLAND FL 327		
DEARDOFF, SANDRA M	1850 EAST MERRITT ISL		MERRITT ISLAND FL 327			;
Note: General partners MAY NO	T be changed on this for	orm; an am	endment	must be filed to ch	ange a general partn	er.

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

SIGNATURE -

DATE: 9/17/96

Daylime Telephone Number 407-636-1111