FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998	Section of State DIVISION OF CORPORATIONS		DIVISION 90 เกา	DIVISION OF CORPORATIONS	
1. Name of Limited Partnership	1a. DOCUMENT # A9500000374		(48 6 (8)) (18) 8 (8) 8) (8) (8) (8)	98 JAN 22 PM 12: 48	
ROCHE FAMILY PARTNERSHIP,	, LTD.				
			Q1/27		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
+.o. BOX 3027	200 EAST ROBINSON STREET. SUITE 1150		03/09/1995	\$1,000.00	
-ORLANDO-FL-82002	ORLANDO PL 3280T		3a. Date of East Report 12/23/1996		4
				5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address 5210 South Orange AV.	2a. Principal Office Address 5210 South Orange Au		4. State or Country of Formation		İ
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	nge Av.	6. FEI Number	Applied For	-
City & State	City & State		59-3327484	Not Applicable]
ORLANDO, FLORIDA Zip Country	OPLANDO, FLORIDA Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
32809	32809		8. Make check payable to: Dept. of	State (See reverse side for fee information)
9, Name and Address of Current R	legistered Agent		10. If changed, new Registere	d Agent/Office	
GROSMAN, KURT E		Name Sidney J. ROCHE			
200 EAST ROBINSON STREET, SUITE 1150		Street Address (P.C. Box Number Is Not Acceptable) 5210 South Orange AV.			
ORLANDO FL 32801		Suite, Apt. #, etc.			
		City OR	LANDO	FL 32869	
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations of	gistered agent, or both, in the State of for	d limited partnersh ida. Such change	was authorized by its general partner(s). I here	ne State of Florida, submits this statement aby accept the appointment of registered Facfive '	
SIGNATURE (Registered Agent Accepting Appointmen	Jedny & rock		DATE	15 December 1997	
A GENERAL PARTNER THAT IS MUST	BE REGISTERED AN	<u>D ACTIVE</u>	ARTNERSHIP OR OTHE WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	I Partner x Numbers 1	1b. City, State & Zip Code	11c. Registration/ Document Number	ا_
ROCHE, SIDNEY J SR.	ROUTE 2. BOX 179		CHIPLEY FL 32428		20,0
	1		OPLANdo, FL. 3280	7	Š
			•	4153770 79801117015 56.25 ****156.25	5000
•					
Note: General partners MAV NOT	i he changed on this form	ı: an amen	dment must be filed to che	nge a general partner.	+

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), Fixrida Statutes. I release the Division of Corporations from any liability of non-compliance with Seafoot 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by obtained 620. Florida Statutes

Sidney J. ROCHE