

**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

97 FEB 13 PM 2:18



| | |
|---------------------------------------|--|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A95000000416 |
| F.M.10, LTD. | |

| | | | | | |
|--|--|---|--|--|---|
| Mailing Address 175 FONTAINEBLEAU BLVD. SUITE 2-E MIAMI FL 33172 | | Principal Office Address 14791 A&W BULB ROAD FORT MYERS FL 33908 | | 3. Date Formed or Registered 03/03/1995 | 5a. Capital Contributions as Shown on record \$225,000.00 |
| | | | | 3a. Date of Last Report 04/01/1996 | |
| 2. Mailing Address | | 2a. Principal Office Address 2320 SW 57 Ave. | | 4. State or Country of Formation FL | 5b. Amount of Capital Contributions in FLORIDA to date: |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. #203 | | | |
| City & State | | City & State MIAMI, FL. DADE | | 6. FEI Number APPLIED FOR 65-0525821 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip | | Zip | | 7. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| Country | | Country | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |
| 33155 | | 33155 | | | |

| | | |
|---|--|-------------|
| 9. Name and Address of Current Registered Agent | 10. If changed, new Registered Agent/Office | |
| HUMPHREY, JAMES T ESQ. HUMPHREY & KNOTT, P.A. 1625 HENDRY STREET FORT MYERS FL 33901 | Name | |
| | Street Address (P.O. Box Number is Not Acceptable) | |
| | Suite, Apt. #, etc. | |
| | City | FL 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 |
| F.M.10, INC. | 14791 A&W BULB ROAD NEW ADDRESS 2320 SW 57 Ave. #203 Miami, Fl., 33155 | FORT MYERS FL 33908 | P05000004353 |
| | | 000002096900--2 -02/25/97--01098--015 ****576.25 ****576.25 | |
| | | KWM | |

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

12-18-96

305-2679950

J. A. SENDRA