

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

FILED

96 DEC 27 PM 1:23

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	1a. DOCUMENT # A95000000419
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V. J. KENNEDY FAMILY LIMITED PARTNERSHIP

Mailing Address POST OFFICE BOX 4988 CLEARWATER FL 34618	Principal Office Address POST OFFICE BOX 4988 CLEARWATER FL 34618	3. Date Formed or Registered 03/16/1995	5a. Capital Contributions as Shown on record. \$99.00
		3a. Date of Last Report 12/18/1995	5b. Amount of Capital Contributions in FLORIDA to date: 152,339.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-3320838	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent KENNEDY, V. JACK 1310 GULF BOULEVARD CRESCENT BEACH II, UNIT 14A CLEARWATER FL 34630	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) V. JACK KENNEDY, AS TRUSTEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1310 GULF BLVD., UNIT 14A	11b. City, State & Zip Code CLEARWATER FL 34630	11c. Registration/ Document Number 100002051551--S -01/08/87--01124--015 ***1641.93 ****576.25
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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 under 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 used and excluded 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 11/11/96

CR2E003 (6/96)