

**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 Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 26 PM 1:11



1. Name of Limited Partnership	1a. DOCUMENT # <b>A95000000625</b>
<b>WRONO FAMILY LIMITED PARTNERSHIP I</b>	

Mailing Address <b>% SHARON WRONO 211 N.W. 5TH AVENUE HALLANDALE FL 33009</b>	Principal Office Address <b>6111 S.W. 130TH AVENUE FT. LAUDERDALE FL 33330</b>	3. Date Formed or Registered <b>04/18/1995</b>	5a. Capital Contributions as Shown on record <b>\$1,143,320.00</b>
		3a. Date of Last Report <b>12/04/1995</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>\$1,143,320.00</b>
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation <b>FL</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number <b>65-0602093</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>MOFFA, JOSEPH C --- 110 S.E. SIXTH STREET THE 110 TOWER, SUITE 1840 --- FORT LAUDERDALE FL 33301</b>	10. If changed, new Registered Agent/Office Name <b>JOHNSON, CHARLES H.</b> Street Address (P.O. Box Number Is Not Acceptable) <b>201 S. BISCAYNE BLVD.</b> Suite, Apt. #, etc. <b>MIAMI CENTER, 10TH FLOOR</b> City <b>MAIMI</b> Zip Code <b>FL 33131</b>
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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) *[Signature]* DATE **12/23/96**

**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
<b>WRONO, WALTER A ---</b>	<b>4811 CONOVER COURT, S ---</b>	<b>FT. MYERS FL 33908 ---</b>	
<b>WRONO, HELEN</b>	<b>4811 CONOVER COURT, S</b>	<b>FT. MYERS FL 33908</b>	
<b>WRONO, SHARON</b>	<b>6111 S.W. 130TH AVE.</b>	<b>FT. LAUDERDALE FL 333</b>	

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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 *[Signature]* DATE **12/23/96**  
Typed or Printed Name of General Partner Signing Form **SHARON WRONO** Daytime Telephone Number **(954) 456-6979**