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

LIMITED PÁRTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

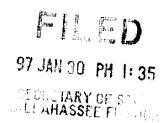
Sandra Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

**DOCUMENT #** A95000000855

## RSM-MORRISON FAMILY LIMITED PARTNERSHIP NO. 1





Mailing Address  ***COLINT MOORE ROAD, SUITE 100, BLDG*4 BOCA RATON FL 83487  A43 NE 5Th Ave  Octro y Lach, 7H 33483  2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	Principal Office Address  902 CUNT MOONE BOAD SUIT BOCA RATEN FL 39487  243 NES De Iray Beac   2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip	E 100. BLDG 4 STA PUL B, P. 33483 Country	3. Date Formed or Registered 08/07/1995 3a. Date of Lest Report 12/29/1995 4. State or Country of Formation FL 6. FEI Number 65-0599867 7. Certificate of Status Desired 8. Make check payable to: Dept. of	58. Capital Contributions as Shown on record. \$2,000,000.00  5b. Amount of Capital Contributions in FLORIDA to date:  Applied For Not Applicable  \$8.75 Additional Fee Required  State (See reverse side for fee Information)	
		T	46 31 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		4
9. Name and Address of Current Registered Agent		11000	10. Adapted by Rehinds	t Applikation (* 144 - 174 )	-
FHS CORPORATE SERVICES, INC.		Name			
11780 U.S. HIGHWAY ONE, SUITE 300		Street Address (P.O. Box Number Is Not Acceptable)			
NOOTH DALL OFACH FLOORO		Suite, Apt. #, etc.			1
		City	717	Fi Zip Code	1
10a, Pursuant to the provisions of sections 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).  DAYE  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)	118, (Do NOT Use Post Office B	al Partner ox Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number	1
RSM-NAMI, INC.  MORRISON, R. SCOTT  MORRISON, NORMA ALLAIN	902 CLINT MOORE RO	De Della	Tray Buch, Fi SCA HATON FL 20187-3483 V BCh, FC 33483 SCA RATON FL 33487 SCA RATON FL 23487	P95000025677	CR2E003 (6/96)
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 filling is coluntarily 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) if the event that the Information supplied is deemed exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this region as required by legical 62ft. Florida Statutes  SIGNATURE  DATE  DATE					
Typed or Printed Name of Governal Partner Signing Form					ال