

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

**FILED**

97 JAN 30 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**

1a. **DOCUMENT #**  
**A9500000855**

1. Name of Limited Partnership  
**RSM-MORRISON FAMILY LIMITED PARTNERSHIP NO. 1**



Mailing Address  
~~902 CLINT MOORE ROAD, SUITE 100, BLDG 4  
BOCA RATON FL 33487~~  
**243 NE 5th Ave  
Delray Beach, FL 33483**

Principal Office Address  
~~902 CLINT MOORE ROAD, SUITE 100, BLDG 4  
BOCA RATON FL 33487~~  
**243 NE 5th Ave  
Delray Beach, FL 33483**

3. Date Formed or Registered  
**08/07/1995**

3a. Date of Last Report  
**12/29/1995**

4. State or Country of Formation  
**FL**

5a. Capital Contributions as Shown on record.  
**\$2,000,000.00**

5b. Amount of Capital Contributions in FLORIDA to date.

6. FEI Number  
**65-0599867**  Applied For  Not Applicable

7. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Principal Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
**FHS CORPORATE SERVICES, INC.**  
**11780 U.S. HIGHWAY ONE, SUITE 300**  
**NORTH PALM BEACH FL 33408**

10. Name of Registered Agent  
**John J. ...**  
Name: **John J. ...**  
Street Address (P.O. Box Number is Not Acceptable): **... 25 ... 25**  
Suite, Apt. #, etc.: **...**  
City: **Delray Beach** Zip Code: **FL 33483**

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
<b>RSM-NAMI, INC.</b>	<del>243 NE 5th Ave 902 CLINT MOORE ROAD, BOCA RATON FL 33487</del>	<del>Delray Beach, FL BOCA RATON FL 33487</del>	<b>P95000025877</b>
<b>MORRISON, R. SCOTT</b>	<del>243 NE 5th Ave 902 CLINT MOORE ROAD, BOCA RATON FL 33487</del>	<del>Delray Beach, FL BOCA RATON FL 33487</del>	
<b>MORRISON, NORMA ALLAIN</b>	<del>243 NE 5th Ave 902 CLINT MOORE ROAD, BOCA RATON FL 33487</del>	<del>Delray Beach, FL BOCA RATON FL 33487</del>	

**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 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 **12/10/96**  
Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_