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

96 SEP 23 AM 10:48

1. Name of Limited Partnership

1a. DOCUMENT # **A95000001060**

NELSON AND AGNES OLAZABAL FAMILY PARTNERSHIP, LTD.

Mailing Address	Principal Office Address
P.O. BOX 2659 STUART FL 34995	C/O STEVEN WOOD 2081 EAST OCEAN BLVD., SUITE 2-A STUART FL 34996

3. Date Formed or Registered: 07/14/1995

3a. Date of Last Report: 02/29/1996

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $3,200,000.00

5b. Amount of Capital Contributions in FLORIDA to date: 3,200,000

6. FEI Number: 65-0593008 ☐ 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	**2a.** Principal Office Address c/o Steven Wood
Suite, Apt. #, etc.	Suite, Apt. #, etc. Second Floor
City & State	City & State Stuart, FL
Zip / Country	Zip 34996 / Country

9. Name and Address of Current Registered Agent

WOOD, STEVEN J ESQ.
C/O HIGGINS, RIFKIN, WOOD & NORMAN, P.A.
2400 SOUTH FEDERAL HIGHWAY, SUITE 320
STUART FL 34994

10. If changed, new Registered Agent/Office

Name: WOOD Steven J. ESQ
c/o McCarthy, Summers, Bubbo, McKay, Wood & Sawyer
Street Address (P.O. Box Number Is Not Acceptable): 2081 East Ocean BLVD
Suite, Apt. #, etc.: Second Floor
City: Stuart FL Zip Code: 34996

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
OLAZABAL, NELSON	6807 S.W. GARNETT DRI	STUART FL 34997	
OLAZABAL, AGNES	6807 S.W. GARNETT DRI	STUART FL 34997	

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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 620.1 Florida Statutes.

SIGNATURE X _____ DATE 9-17-96

Typed or Printed Name of General Partner Signing Form: NELSON OLAZABAL Daytime Telephone Number: (561) 287-8125