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

1. Name of Limited Partnership

C/O LBN INVESTMENTS. INC.

SIGNATURE /

Typed or Printed Name of General Partner 9 gning Form

Mailing Address

A95000001117

Principal Office Address

C/O LBN INVESTMENTS. INC.

CYCLONE FUND, LIMITED PARTNERSHIP

FILED

96 NOV -7 PM 3: 30

SLONE LARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Formed or Registered

07/21/1995



5a. Capital Contributions as Shown on record

15310 AMBERLY DRIVE: SUITE 165 TAMPA FL 33647		15310 AMBERLY DRIVE, SUITE 165		01/21/1000	\$500,000,000.00	
		TAMPA FL 33647		3a. Date of Last Report 04/09/1996		
			-	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address		2a. Principal Office Address		FL	6000 -	
Suite, Apt #, etc.		Suite, Apt. #, etc		6. FEI Number 59-3327254	Applied For Not Applicable	
City & State		City & State		7. Cert ficate of Status Desired	\$8.75 Additional	
Zıp	Country	Zip Country			Fee Required of State (See reverse side for fee informatio	
				Transfer perganotes begin		
9. Name and Address of Current Registered Agent			10. II changed, new Registered Agent/Office			
C T CORPORATION SYSTEM			Name			
1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number Is Not Acceptable)			
PLANTATION FL 33324		Suite, a	Suite: Apt: #, etc:			
		-···			Zip Code	
for the purp	pose of changing its registered off	City 51 and 620 192, Flor da Statutes, the above named irrilted pice or registered agent, or both, in the State of Florida. Such	artnership organ change was autt	ized or registered under the laws of torized by its general partrier(s). The	FL the State of Florida, submits this statemen	
for the purp agent I ari SIGNATURE (Regisi	pose of changing its registered off in familiar with, and accept the oblig lered Agent Accepting Appointme	51 and 620 192, Flor da Statutes, the above named limited pice or registered agent, or both, in the State of Florida Such galtions of section 620 192, Florida Statutes AT IS A CORPORATION, LIMIT	change was aut	DATE DERSHIP OR OTH	FL the State of Florida, submits this statemen reby accept the appointment of registered	
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Corporations from any hability of non-compliance with Section 119 07(3)(x) 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's gnature shall have the same legal effects as if made under oath. Hurther certify that I am a General Partner of the I mited partnership, receiver or trusted empowered to execute this report as purposed by chapter 620, Florida Statutes

LBN INVESTMENTS

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 trial the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, 1 release the Division of