

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

FILED

97 JAN 16 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <i>Sandra M. ...</i> Secretary of State DIVISION OF CORPORATIONS
---	---	---

1. Name of Limited Partnership	1a. DOCUMENT # A95000001169
THE JOSEPH BERN FAMILY LIMITED PARTNERSHIP NO. 1	



Mailing Address 1047 EN COURTE GREEN APOPKA FL 32712	Principal Office Address 1047 EN COURTE GREEN APOPKA FL 32712	3. Date Formed or Registered 08/02/1995	5a. Capital Contributions as Shown on record. \$250,000.00
2. Mailing Address <i>Same as above</i>	2a. Principal Office Address <i>Same as above</i>	3a. Date of Last Report 12/28/1995	5b. Amount of Capital Contributions in FLORIDA to date: <i>Same as above</i>
Suite, Apt. #, etc. <i>above</i>	Suite, Apt. #, etc. <i>above</i>	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-7053623	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent BERN, JOSEPH 1047 EN COURTE GREEN APOPKA FL 32712

10. If changed, new Registered Agent/Office
Name 3000002068093--7
Street Address (P.O. Box Number Is Not Accepted) 01/24/97--01085--001
Suite, Apt. #, etc. ****108.75 ****108.75
City FL
Zip Code

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) _____

**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
BERN, JOSEPH	1047 EN COURTE GREEN	APOPKA FL 32712	<i>Same as above</i>

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 *Joseph Bern* DATE 12/23/96
 Typed or Printed Name of General Partner Signing Form JOSEPH BERN Daytime Telephone Number (407) 880-9737

CR2E003 (6/96)