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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

SARTOR FAMILY PARTNERSHIP, LTD.

SIGNATURE John R. Sartin Se.

Typed or Printed Name of General Partner Signing Form



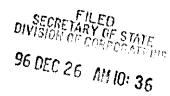
FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # A95000001390





Aailing Address PO BOX 10567 BROOKSVILLE FL 34601	Principal Office Address ATTN: JOHN R. SARTOR. SR.		3. Date Formed or Registered 09/18/1995 3a. Date of Last Report 04/09/1996	58. Capital Contributions as Shown on record. \$600,000.00	
2. Mailing Address Suite, Apt. #, etc City & State	28. Principal Office Address 18441 HARD ROCK RA Suite, Apt. #, etc.	/,	4. State or Country of Formation FL 6. FEI Number APPLIED FOR	5b. Arrount of Capital Contributions in FLORIDA to date: Applied For Not Applicable	
iny & State Country	Z _I p Countr	,	7. Certificate of Status Desired 8. Make check payable to: Dept. of		\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent HUMPHRIES, J. GREGORY		10. If changed, new Registered Agent/Office			
201 EAST PINE STREET, SUITE 701 ORLANDO FL 32801		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code e-named limited partnership organized or registered under the laws of the State of Florida, submits this stateme of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of register			
	051 and 620 192. Florida Statutes, the above-named limited flice or registered agent, or both, in the State of Florida Suc			FL the State of Florida,	submits this stateme
for the purpose of changing its registered of agent. I am familiar with, and accept the obli SIGNATURE (Registered Agent Accepting Appointme	051 and 620,192. Florida Statules, the above-named limited lice or registered agent, or both, in the State of Florida Sucingations of section 620,192, Florida Statutes EAT IS A CORPORATION, LIMIT	h change was autho	DATE NERSHIP OR OTHI	the State of Florida, reby accept the ap	submits this statement of register
for the purpose of changing its registered of agent. I am familiar with, and accept the oblining Agent (Registered Agent Accepting Appointment A GENERAL PARTNER THE M	051 and 620 192. Florida Statules, the above-named limited lice or registered agent, or both, in the State of Florida Suc igations of section 620 192, Florida Statutes	ED PARTI	DATE NERSHIP OR OTHI	the State of Florida, preby accept the appearance of the september 2015 and the september 2	submits this statement of register
for the purpose of changing its registered of agent. I am familiar with, and accept the obling AGENERAL PARTNER THAT MARINES OF General Partner(s) SARTOR, JOHN R SR.	051 and 620,192. Florida Statules, the above-named limited lice or registered agent, or both, in the State of Florida Succeptions of section 620,192, Florida Statutes ent) HAT IS A CORPORATION, LIMIT	ED PARTICULAR STATE OF THE STAT	DATE NERSHIP OR OTHI H THIS OFFICE.	the State of Florida, preby accept the appearance of the september 2015 and the september 2	submits this statem pointment of register
for the purpose of changing its registered of agent. I am familiar with, and accept the obling AGENERAL PARTNER THAT MATTER IN MATTER (S) of General Partner(s)	251 and 620, 192. Florida Statules, the above-named limited flice or registered agent, or both, in the State of Florida Succeptions of section 620, 192. Florida Statutes EAT IS A CORPORATION, LIMIT IUST BE REGISTERED AND ACCUSATION ACCUSATION OF THE STATE OF THE S	ED PARTICULAR SECTION	DATE NERSHIP OR OTHI H THIS OFFICE. City, State & Zip Code OOKSVILLE FL 34601 OOKSVILLE FL 34601	the State of Florida, preby accept the appearance of the appearanc	submits this statem pointment of register ESS ENTIT Registration/ Document Number

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