

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**96 DEC 20 PM 1:46**

*12/27*



<b>1. Name of Limited Partnership</b>  JERICHO GROUP, LTD.	<b>1a. DOCUMENT #</b> <b>A95000001795</b>
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<b>Mailing Address</b> C/O WORLDATA, INC. 5200 TOWN CENTER CIRCLE BOCA RATON FL 33486	<b>Principal Office Address</b> C/O WORLDATA, INC. 5200 TOWN CENTER CIRCLE BOCA RATON FL 33486	<b>3. Date Formed or Registered</b> 11/20/1995	<b>5a. Capital Contributions as Shown on record.</b> <b>\$1,000.00</b>
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>	
<b>Suite, Apt. #, etc.</b>	<b>Suite, Apt. #, etc.</b>	<b>3a. Date of Last Report</b> 12/19/1995	<b>5b. Amount of Capital Contributions in FLORIDA to date.</b>
<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. State or Country of Formation</b> FL	
<b>Zip</b>	<b>Country</b>	<b>6. FFL Number</b> APPLIED FOR 65-0635593	
<b>Zip</b>	<b>Country</b>	<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b> LAWRENCE B. JURAN, P.A. 1200 CORPORATE CENTER WAY, SUITE 100 WELLINGTON FL 33414
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<b>10. If changed, new Registered Agent/Office</b>
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
<b>FL</b>
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) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> JERICHO GROUP, INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 5200 TOWN CENTER CIRC	<b>11b. City, State &amp; Zip Code</b> BOCA RATON FL 33486	<b>11c. Registration/ Document Number</b> P95000089036
400002041204--1 -12/30/96--01051--007 ****191.25 ****191.25			

**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 680, Florida Statutes.

SIGNATURE *Roy Schwedelson* DATE **12/16/96**  
 Typed or Printed Name of General Partner Signing Form **Roy Schwedelson** Daytime Telephone Number **(561) 393-8200**

CR2E003 (6/96)