

**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 Northam Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 DEC 19 AM 9:24

12/27



1. Name of Limited Partnership ALBA LIMITED PARTNERSHIP	1a. DOCUMENT # A95000001853
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Mailing Address 18050 GIDDENS DR., NE ALVA FL 33920	Principal Office Address 18050 GIDDENS DR., NE ALVA FL 33920
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3. Date Formed or Registered 12/01/1995	5a. Capital Contributions as Shown on record \$15,662.63
3a. Date of Last Report 02/06/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	

2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country
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6. FEI Number APPLIED FOR 65-0628891	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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 JOHNSON, ALLEN 18050 GIDDENS DRIVE, N.E. ALVA FL 33920	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number if Not Applicable) Suite, Apt. #, etc. City FL Zip Code
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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.

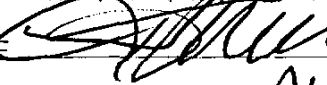
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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
JOHNSON, ALLAN	18050 GIDDENS DR. NE	ALVA FL 33920	
JOHNSON, PATRICIA	18050 GIDDENS DR. NE	ALVA FL 33920	

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  DATE 11/4/96

Typed or Printed Name of General Partner Signing Form **ALLEN JOHNSON** Daytime Telephone Number 941 433 3433

CR2E003 (6/96)