

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 24 AM 11:50

1. Name of Limited Partnership 1a. DOCUMENT #
A95000002067

BEAR FAMILY LIMITED PARTNERSHIP



Mailing Address
**140 ROYAL PALM WAY, SUITE 206
PALM BEACH FL 33480**

Principal Office Address
**140 ROYAL PALM WAY, SUITE 206
PALM BEACH FL 33480**

3. Date Formed or Registered
12/20/1995

5a. Capital Contributions as Shown on record.
\$1,367,399.00

3a. Date of Last Report
12/29/1995

5b. Amount of Capital Contributions in FLORIDA to date.

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number **APPLIED FOR 63-0640218** Applied For Not Applicable

7. Certificate of Status Desired **\$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

**MATWICZYK, PETER ESQUIRE
METTLER & MATWICZYK
140 ROYAL PALM WAY, SUITE 206
PALM BEACH FL 33480**

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable) **700002126247-5**
Suite, Apt. #, etc. **-03/27/97-01098-014**
City *****541.25** *****541.25** **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)

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
BEAR, WILLARD C	140 ROYAL PALM WAY, S	PALM BEACH FL 33480	<i>OK</i> <i>3-25</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

Willard C Bear

DATE

3/15/97

Typed or Printed Name of General Partner Signing Form

WILLARD C BEAR

Daytime Telephone Number

561.655.4618

CR2E003 (1/7/96)