

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 APR -3 PM 2:47



1. Name of Limited Partnership	1a. DOCUMENT # A96000000087
FERRARA FAMILY, LTD.	

Mailing Address 5582 BROOKLINE DR. ORLANDO FL 32819	Principal Office Address 5582 BROOKLINE DR. ORLANDO FL 32819	3. Date Formed or Registered 01/11/1996	5a. Capital Contributions as Shown on record. \$480,000.00
2. Mailing Address 10509 CROMWELL GROVE TERR Suite, Apt. #, etc.	2a. Principal Office Address 10509 CROMWELL GROVE TERRACE Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
City & State ORLANDO, FL.	City & State ORLANDO, FL.	4. State or Country of Formation FL	6. FEI Number 59-3355477
Zip 32827	Country USA	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent FERRARA, LOUIS F 5582 BROOKLINE DR. ORLANDO FL 32819	10. If changed, new Registered Agent/Office Name FERRARA, LOUIS F. Street Address (P.O. Box Number is Not Acceptable) 10509 CROMWELL GROVE TERRACE Suite, Apt. #, etc. City ORLANDO FL Zip Code 32827
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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
LOUIS F. FERRARA, TRUSTEE MADELINE FERRARA, TRUSTEE	5582 BROOKLINE DR. 10509 CROMWELL GROVE TER 5582 BROOKLINE DR. 10509 CROMWELL GROVE TER	ORLANDO FL 32819 32827 ORLANDO FL 32819 32827	OR 43 600002135936--3 -04/08/97--01024--026 ***576.25 ***576.25

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 605, Florida Statutes.

SIGNATURE *Louis Ferrara* DATE 4/1/97  
Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_