


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

FILED

97 JAN 14 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Northing Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership BEEKMAN FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A96000000166	
2. Mailing Address 2120 GREENBRIAR LANE PALM CITY FL 34990		2a. Principal Office Address 2120 GREENBRIAR LANE PALM CITY FL 34990	
3. Date Formed or Registered 01/26/1996		5a. Capital Contributions as Shown on record. \$5,000,000.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date: 5,000,000.	
4. State or Country of Formation FL		6. FEI Number 65-0685493	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	



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9. Name and Address of Current Registered Agent BEEKMAN, PHILIP 2120 GREENBRIAR LANE PALM CITY FL 34990		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 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
BEEKMAN, PHILIP	2120 GREENBRIAR LANE	PALM CITY FL 33990 34990	
BEEKMAN, NANCY	2120 GREENBRIAR LANE	PALM CITY FL 34990	

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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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

PHILIP E. BEEKMAN

561-336-1689

CR2E003 (6/96)