

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

FILED

96 DEC 17 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rec'd

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| LIMITED PARTNERSHIP ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS |
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| 1. Name of Limited Partnership KATANA LIMITED PARTNERSHIP | 1a. DOCUMENT # A96000000195 |
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| Mailing Address P.O. BOX 353730 PALM COAST FL 32135 | Principal Office Address P.O. BOX 353730 PALM COAST FL 32135 | 3. Date Formed or Registered 01/24/1996 | 5a. Capital Contributions as Shown on record. \$1,000.00 |
| | | 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date 1,000.00 |
| | | 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 | 6. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 59-3361781 | |
| | | 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) | | | |

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| 9. Name and Address of Current Registered Agent ECKER, EDWARD 5 CHERRY CT PALM COAST FL 32137 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 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.

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| 11. Name(s) of General Partner(s) ECKER, EDWARD | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) P.O. BOX 353730 N/A | 11b. City, State & Zip Code PALM COAST FL 32135 | 11c. Registration Document Number  |
|---|---|---|--|

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 Edward S. Ecker DATE 12/12/96

Typed or Printed Name of General Partner Signing Form EDWARD G. ECKER Daytime Telephone Number 904 446 3828

CR2E003 (6/96)