

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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB -3 AM 11:35



1. Name of Limited Partnership	1a. DOCUMENT # A96000000290
CANNOVA SECOND FAMILY LIMITED PARTNERSHIP	

Mailing Address BAYWAY ISLES II 5399 61ST AVE. S. ST. PETERSBURG FL 33715	Principal Office Address BAYWAY ISLES II 5399 61ST AVE. S. ST. PETERSBURG FL 33715	3. Date Formed or Registered 02/09/1996	5a. Capital Contributions as Shown on record. \$850,000.00
2. Mailing Address P.O. Box 66765 Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
City & State St. Pete Beach, FL	City & State	4. State or Country of Formation FL	6. FEI Number 65-0642221 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33736-6765 Country USA	Zip Country	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 SCIARRETTA, STEVEN A 2300 GLADES RD. STE. 302E BOCA RATON FL 33431	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.**

11. Name(s) of General Partner(s) CANNOVA, FRANK S	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) BAYWAY ISLES II, 5399	11b. City, State & Zip Code ST. PETERSBURG FL 337	11c. Registration Document Number 200002083572--6 -02/11/97--01133--006 ****576.25 ****576.25
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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 Frank S. Cannova DATE 12/31/96
Typed or Printed Name of General Partner Signing Form Frank S. Cannova Daytime Telephone Number 813 864-1032

CR2E003 (6/96)