

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

FILED

97 FEB 21 AM 10:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership THE COLBERT FAMILY PARTNERSHIP, LTD.	1a. DOCUMENT # A96000000397
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Mailing Address 511 DEL MONTE CLEWISTON FL 33440	Principal Office Address 511 DEL MONTE CLEWISTON FL 33440	3. Date Formed or Registered 02/29/1996	5a. Capital Contributions as Shown on record \$3,000,000.00
		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: 2,797,527.00
		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 65-0647866	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		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 MARTIN, MARY ANN C 511 DEL MONTE CLEWISTON FL 33440	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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
COLBERT, MARY TRUSTEE	1705 SOUTH WALNUT	PAUL'S VALLEY OK 7307	
BOZARTH, CYNTHIA C TRUSTEE	6529 CAHOBA DRIVE	FORT WORTH TX 76135	
MARTIN, MARY ANN C TRUSTEE	511 DEL MONTE	CLEWISTON FL 33440	
COLBERT, MARY	1705 SOUTH WALNUT	PAUL'S VALLEY OK 7307	
BOZARTH, CYNTHIA C	6529 CAHOBA DRIVE	FORT WORTH TX 76135	
MARTIN, MARY ANN C	511 DEL MONTE	CLEWISTON FL 33440	

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  2-18-97

Typed or Printed Name of General Partner Signing Form Mary Ann Martin Daytime Telephone Number 941-983-3151

CR2E003 (6/96)