

**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

96 DEC 20 AM 9:45



1. Name of Limited Partnership YARMUTH FAMILY, LTD.	1a. DOCUMENT # A96000000529
---	---------------------------------------

Mailing Address 867 SOUTH GRANT STREET LONGWOOD FL 32750	Principal Office Address 867 SOUTH GRANT STREET LONGWOOD FL 32750	3. Date Formed or Registered 03/18/1996	5a. Capital Contributions as Shown on record \$1,709,100.00
2. Mailing Address 801 ELIZABETH DR.	2a. Principal Office Address 801 ELIZABETH DR.	3a. Date of Last Report —	5b. Amount of Capital Contributions in FLORIDA to date 865,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-3373253 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State WINTER PARK FL.	City & State WINTER PARK	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)
Zip Country 32789 ORANGE	Zip Country 32789 ORANGE		

9. Name and Address of Current Registered Agent YARMUTH, ROBERT N 867 SOUTH GRANT STREET LONGWOOD FL 32750	10. If changed, new Registered Agent/Office Name YARMUTH, ROBERT N. Street Address (P.O. Box Number Is Not Acceptable) 801 Elizabeth Drive Suite, Apt. #, etc. City Winter Park State FL Zip Code 32789
--	---

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
YARMUTH, ROBERT N TRUSTEE	867 SOUTH GRANT STREE	LONGWOOD FL 32750	OR 12-27 2000020115782-16 -01703/297-01610-026 ***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 620, Florida Statutes.

SIGNATURE DATE **12-16-96**
Typed or Printed Name of General Partner Signing Form **ROBERT N. YARMUTH** Daytime Telephone Number **(407) 660-8888**

CR2E003 (6/96)