

**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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 10 PM 2:16



1. Name of Limited Partnership MARLIN ROAD PARTNERS, LTD.	1a. DOCUMENT # A96000000575
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Mailing Address 3201 NORTH FEDERAL HIGHWAY SUITE 300 FORT LAUDERDALE FL 33306	Principal Office Address 3201 NORTH FEDERAL HIGHWAY SUITE 300 FORT LAUDERDALE FL 33306	3. Date Formed or Registered 03/14/1996	5a. Capital Contributions as Shown on record \$100.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date \$100.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0630750 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	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	Zip	Country

9. Name and Address of Current Registered Agent NORDAL, JONAS S 3201 NORTH FEDERAL HIGHWAY, SUITE 300 FORT LAUDERDALE FL 33306	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) JM PROPERTIES OF SOUTH FLORI	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3201 NORTH FEDERAL HI	11b. City, State & Zip Code FORT LAUDERDALE FL 33	11c. Registration/ Document Number P93000054729
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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 DVS on 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 **9/27/96**

Typed or Printed Name of General Partner Signing Form _____

Jonas S. Nordal, Vice President

Daytime Telephone Number _____

954-565-5999

CR2E003 (6/96)