

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

FILED

95 OCT -2 PM 3: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>	 <p>FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>
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1. Name of Limited Partnership <b>SHEELER HILLS, LTD.</b>	1a. DOCUMENT # <b>A96000000592</b>
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Mailing Address <b>257 PLAZA DRIVE, UNIT D OVIEDO FL 32765</b>		Principal Office Address <b>257 PLAZA DRIVE, UNIT D OVIEDO FL 32765</b>		3. Date Formed or Registered <b>03/26/1996</b>	5a. Capital Contributions as Shown on record  <b>\$1,000.00</b>
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date
City & State		City & State		6. FDI Number <b>59-3368792</b>	
Zip		Zip		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Country		Country		8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent <b>CLARK, SCOTT D 389 N. NEW YORK AVE., SUITE 300 WINTER PARK FL 32789</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc. City <b>FL</b> 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) <b>SHEELER HILLS MANAGEMENT COR</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>257 PLAZA DRIVE, UNIT</b>	11b. City, State & Zip Code <b>OVIEDO FL 32765</b>	11c. Registration/ Document Number <b>P96000026460</b>
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

*Larry White*

9-13-95  
407-366-9668

CR2E003 (6/96)