


FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

FILED

97 APR -7 PM 12: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>1. Name of Limited Partnership</b>		<b>1a. DOCUMENT # A96000000630</b>	
<b>AUNT E'S LIMITED PARTNERSHIP</b> <i>97-AR CM</i>			
<b>Mailing Address</b> C/O AUNT E'S MANAGEMENT COMPANY 202 HEATHERPOINT DRIVE LAKELAND FL 33809		<b>Principal Office Address</b> C/O AUNT E'S MANAGEMENT COMPANY 202 HEATHERPOINT DRIVE LAKELAND FL 33809	
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	<b>3. Date Formed or Registered</b> 04/01/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>3a. Date of Last Report</b>	
City & State	City & State	<b>4. State or Country of Formation</b> FL	
Zip	Country	<b>6. FEI Number</b> 59-3370714	
		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	



<b>9. Name and Address of Current Registered Agent</b>		<b>10. If changed, new Registered Agent/Office</b>	
TRISSEL, RONALD L 202 HEATHERPOINT DRIVE LAKELAND FL 33809		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
<b>10a.</b> 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 _____			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/ Document Number</b>
AUNT E'S MANAGEMENT COMPANY	202 HEATHERPOINT DRIV	LAKELAND FL 33809	P96000026630

**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