

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

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| LIMITED PARTNERSHIP ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS |
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 DEC 17 PM 3:25

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| 1. Name of Limited Partnership LYKES-DUKE/LOUIS DREYRUS, LTD. | 1a. DOCUMENT # A96000000648 |
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| Mailing Address ATTN: JACK E. UHL 111 E. MADISON STREET, STE. 1700 TAMPA FL 33602 | Principal Office Address ATTN: JACK E. UHL 111 E. MADISON STREET, STE. 1700 TAMPA FL 33602 |
| 2. Mailing Address Attn: Corp. Tax Dept. Suite, Apt. #, etc. 10 Westport Rd., P.O. Box 810 City & State Wilton, CT Zip Country 06897-0810 USA | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country |

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| 3. Date Formed or Registered 04/02/1996 | 5a. Capital Contributions as Shown on record. \$5,200,000.00 |
| 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date: 5,200,000.00 |
| 4. State or Country of Formation FL | 6. FEI Number 06-1452422 |
| 7. Certificate of Status Desired | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

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| 9. Name and Address of Current Registered Agent SIMPSON, NATHAN B ESQ. 111 E. MADISON STREET, STE. 2300 TAMPA FL 33602 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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.**

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| 11. Name(s) of General Partner(s) LYKES ENERGY VENTURES, INC. DLD FLORIDA MANAGEMENT CORP | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 111 E. MADISON ST., S 10 WEST RD., P.O. BOX | 11b. City, State & Zip Code TAMPA FL 33602 WILTON CT 06897 | 11c. Registration/Document Number P96000025638 F96000001672 |
|--|--|---|--|

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-12/24/96-01050-005
****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 Hal Folkin DATE 12/13/96
 Typed or Printed Name of General Partner Signing Form Hal Folkin Daytime Telephone Number (203) 761-9000

CR2E003 (6/96)