


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

FILED

96 NOV -4 PM 3: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership L & C VENTURE, LTD.		1a. DOCUMENT # A96000000763 97-AP CM	
Mailing Address 9011 HIGHWAY 98W TENNIS VILLA, NO. 5 DESTIN FL 32541		Principal Office Address 9011 HIGHWAY 98W TENNIS VILLA, NO. 5 DESTIN FL 32541	
2. Mailing Address #5 Wimbledon Ct. Suite, Apt. #, etc.		2a. Principal Office Address #5 Wimbledon Ct. Suite, Apt. #, etc.	
City & State Destin, FL. Zip 32541		City & State Destin, FL. Zip 32541	
3. Date Formed or Registered 04/23/1996		5a. Capital Contributions as Shown on record. \$11,000.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions In FLORIDA to date: 11,000.00	
4. State or Country of Formation FL		6. FEI Number 59-3372679	
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)	



9. Name and Address of Current Registered Agent LILES, BUDDY 9011 HIGHWAY 98W TENNIS VILLA, NO. 5 DESTIN FL 32541		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) #5 WIMBLEDON CT. Suite, Apt. #, etc. City DESTIN State FL Zip Code 32541	
--	--	---	--

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) BUDDY LILES CO.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9011 HIGHWAY 98W, TEN #5 WIMBLEDON CT	11b. City, State & Zip Code DESTIN FL 32541	11c. Registration/Document Number P93000029636
600002003576--6 -11/13/96--01173--006 ***215.75 ***215.75			

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 *Thomas Liles* DATE *10-31-96*
Typed or Printed Name of General Partner Signing Form *Thomas Liles* Daytime Telephone Number *(904) 267-6027*

CR2E003 (6/96)