FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT**





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A9600000782

97 SEP 15 PM 3: 48



LACKTON	FAMILY PARTN	IERSHIP, LTD.			DERIA BORTA EBIH BENJA BORTA NOBOJ EDIJE AR	
failing Address		Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1714 ALDEN ROAD		1714 ALDEN ROAD		04/22/1996		
ORLANDO FL 32803-1401		ORLANDO FL 32803-1401		3a. Date of Last Report	\$554,400.00	
				09/18/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Malling Addres	88	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Applied For Not Applicable	
City & State Zip Country		City & State Zip Country		7. Certificate of Status Desired	\$8.75 Addition Fee Required	
*	Country	D.P Country		8. Make check payable to: Dept. o	State (See reverse side for fee infor	
,	Q Name and Address of Co	Current Devictored Agent		10. If changed, new Register	ad Agent/Office	
9. Name and Address of Current Registered Agent			Name			
BLACKTON, C	ROAD			O. Box Number Is Not Acceptable)		
ORLANDO FL 32803-1401			Suite, Apt. #, etc.			
			City		FL Zip Code	
for the purpo agent. I am fo SIGNATURE (Register	use of changing its registered off amiliar with, and accept the obliq red Agent Accepting Appointme AL PARTNER TH	161 and 620 192, Florida Statutes, the above-na fice or registered agont or both, in the State of grations of section 620,192, Florida Statutes.	Florida. Such change was	s authorized by its general partner(s). I he	reby accept the appointment of regis	
Name(s) of	f General Partner(s)	11a. Address of Each Gen	and Dawn		11c. Registration/	
	21451525					
BLACKTON, CHARLES F		1714 ALDEN ROAD	'	DRLANDO FL 32803		
BLACKTON, HELEN L		1714 ALDEN ROAD		DRLANDO FL 32803		
				400002 -09/17	296304 79701125021	

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 Socion 119.07(3)(k) in the event that the information supplied is deemed exampt 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 eath. 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.

Typed or Printed Name of General Partner Styring Form HOLEN BUCKTON

Daytime Telephone Number 467-898-2661