

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

A 96000000928 FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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|--|---|---|---|
| 1. Name of Limited Partnership John C. Bills Enterprises, Ltd. | | 1a. DOCUMENT # A 96000000928 | |
| Mailing Address 3910 RCA Blvd., Ste. 1011 Palm Beach Gardens, FL 33410 | Principal Office Address 3910 RCA Blvd., Ste. 1011 Palm Beach Gardens, FL 33410 | 3. Date Formed or Registered 5/20/96 | 5a. Capital Contributions as Shown on record. \$4,000.00 |
| 2. Mailing Address | 2a. Principal Office Address | 3a. Date of Last Report NA | 5b. Amount of Capital Contributions in FLORIDA to date: \$4,000.00 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. State or Country of Formation FL | 6. FEI Number 65-066-6014 |
| City & State | City & State | 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) |
| Zip Country | Zip Country | 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

BK 1/28/97

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|---|--|--|--|
| 9. Name and Address of Current Registered Agent John W. Gary, III 701 U.S. Hwy. One, Ste. 402 N. Palm Beach, FL 33408 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | |
|---|--|--|--|

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) John C. Bills Enterprises, Inc. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3910 RCA Blvd., Ste. 1011 | 11b. City, State & Zip Code Palm Beach Gardens, FL 33410 | 11c. Registration/Document Number P9600004 1784 |
|---|---|--|---|

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CR2E003 (6/96)

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 *John C. Bills, Pres.* DATE **1/27/97**

Typed or Printed Name of General Partner Signing Form **John C. Bills, Pres. of John C. Bills Enterprises, Inc.** Daytime Telephone Number **(561) 627-4000**