

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

A9600001032

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY -7 AM 8:43



1. Name of Limited Partnership
ALBEE ROAD LIMITED PARTNERSHIP

1a. DOCUMENT #
A9600001032

Mailing Address 802 ALBEE ROAD NOKOMIS FL 34275	Principal Office Address 802 ALBEE ROAD NOKOMIS FL 34275
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 05/28/1996	5a. Capital Contributions as Shown on record. \$629,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent
**JOHNSTON, CHARLES M ESQ.
JOHNSTON AND HAMMOND
200 WEST FORSYTH STREET, STE. 1730
JACKSONVILLE FL 32202**

10. If changed, new Registered Agent/Office

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	000002172860--5
City	05/09/97--01070--003 ***1041. FL ***1041.25

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GIULIANI, JOSEPH	1136 RUISDALE CIRCLE	NOKOMIS FL 34275	
GIULIANI, PHILIP	426 CROSS STREET	N. FORT MYERS FL 3390	

REINSTATEMENT 97
CR 5-8

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 Joseph A. Giuliani DATE 5/5/97
Typed or Printed Name of General Partner Signing Form JOSEPH A. GIULIANI Daytime Telephone Number (941) 4849580

CR2E003 (11/96)