

**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 18 AM 10:05

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| 1. Name of Limited Partnership FOG SLIGH LIMITED | 1a. DOCUMENT # A96000001041 |
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| Mailing Address 1745 WEST FLETCHER AVENUE TAMPA FL 33612 | Principal Office Address 1745 WEST FLETCHER AVENUE TAMPA FL 33612 |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country |

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|--|---|
| 3. Date Formed or Registered 06/03/1996 | 5a. Capital Contributions as Shown on record \$99.00 |
| 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date: \$99.00 |
| 4. State or Country of Formation FL | 6. FEI Number 59-3379556 |
| 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) | |

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|---|---|
| 9. Name and Address of Current Registered Agent MICHAEL A. BEDKE C/O RUDNICK & WOLFE 101 EAST KENNEDY BLVD., SUITE 2000 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) DURBNECK, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1745 WEST FLETCHER AV | 11b. City, State & Zip Code TAMPA FL 33612 | 11c. Registration/Document Number P93000008228 |
|--|---|--|--|

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****191.25 ****191.25

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 _____

DATE _____

Typed or Printed Name of General Partner Signing Form

Mark O. Hackner

Daytime Telephone Number

12/11/96
(813) 968-6511

CR2E003 (6/96)