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

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT#

A96000001159

825 BAILEY LIMITED PARTNERSHIP

FILED 96 NOV 13 PM 2: 05

SECRETARY OF STALE
TALLAHASSEE, FLORIDA



		· · · · · · · · · · · · · · · · · · ·					
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capit Strow	5a. Capital Contributions as Shown on record.	
P.O. BOX 1252	825 BAILEY DRIVE	825 BAILEY DRIVE SEBASTIAN FL 32958		06/20/1996		\$7,500.00	
BELLMAWR NJ 08099	SEBASTIAN FL 32958			3a. Dale of Last Report	Ψεισούσο		
				H/A-	5b. Amor	unt of Capital fibutions in FLORIDA	
2. Mailing Address	2a Principal Office Address	2a. Principal Office Address		4. State or Country of Formation		to date:	
E. Mailing Address	Fa. Principal Office Addres						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suile, Apt. #, etc.		6. FEI Number	Applied For		
City & State	City & State	City & State		Not Applicable			
				7. Certificate of Status Desired \$8.75 Additional Fee Required			
Zip Country	Ζφ	Zip Country		Make check payable to Dept. of State (See reverse side for fee information)			
				- Hallo Silver Frage (Silver Frage Co.			
9. Name and Address of Current Registered Agent			10. If changed, now Registered Agont/Office				
MARSHALL, HARRY		Name					
825 BAILEY DRIVE		Street Address (P.O. Box Number is Not Acceptable)					
SEBASTIAN FL 32958		Suite, Apt. #, etc.					
		City				Zip Code	
			<u>FL</u>				
10a. Pursuant to the provisions of sections 620 10: for the purpose of changing its registered office agent. I am familiar with, and accept the oblig	ce or registered agent, or both, in the State o	hamed limited partri of Florida. Such chai	iershifi órgani ngo was auth	orized by its general partner(s). I hen	eby accept the	rida, submits this statement appointment of registered	
SIGNATURE (Registered Agent Accepting Appointmen				. DATE		NICO CAISITY	
A GENERAL PARTNER TH	UST BE REGISTERED	N, LIMITED AND ACTIV	/PARTI	NERSHIP OR OTHE H THIS OFFICE.	H BUS	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Off		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
MARSHALL, SARA	510 SINGLEY AVEN	510 SINGLEY AVENUE		NNEMEDE NJ	ļ		
·							
MARSHALL, HARRY	825 BAILEY DRIVE	·	SEBASTIAN FL				
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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 filling 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 eath. 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 -

HARRY MARSHALL