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

M & H PARTNERS LTD.

1a. DOCUMENT # **A9600001227**

CALLED 10/1/46 FOR

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JAN -6 AM 9:54





Substitution Subs				<u></u>				
38. Deserol Last Report 2. Mailing Address 28. Principal Office Address 28. Principal Office Address 5b. Amount of Capital Contribution in FLORIDA to deserve in FLORIDA to	·				-	Shown on record.		
2. Mailing Address 28. Principal Office Address Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State City & State & Country of Formation Sampled For Not Applied	NOKOMIS FL 34275	NOKOMIS FL 34275			3a. Date of Last Report	- PARITO		
2. Mailing Address						Contr	ibutions in FLOAIDA	
City & State City & State City & State City & State Country Zip Name and Address of Current Registered Agent III, Window Check payable to Dept. of State (See inverse adds for les information) Reme Street Address (P.O. Bux Number is Not Acceptable) Street Address of Pools and Acceptable (P.O. Bux Number is Not Acceptable) Street Address (P.O. Bux Number is Not Acceptable) Street Address (P.O. Bux Number is Not Acceptable) Street Address of Pools and Acceptable (P.O. Bux Number is Not Acceptable) Street Address of Pools and Acceptable (P.O. Bux Number is Not Acceptable) Street Address of Pools and Acceptable (P.O. Bux Number is Not Acceptable) Street Address of Pools and Acceptable (P.O. Bux Number is Not Acceptable) Street Address of Pools and Acceptable (P.O. Bux Number is Not Acceptable) Street Address of Pools and Acceptable (P.O. Bux Number is Not Acceptable) Street Address of Pools and Acceptable (P.O. Bux Number is Not Acceptable) Street Acceptabl	2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			on loadie.		
City & State Zip Country Zip Country Zip Country Reflectived 8. Make check payable to Dept. of State See reverse side for fee information) 9. Name and Address of Current Registered Agent 10., if changed, new Registered Agent/Office ICARD, MERRILL, CULUS, ET AL 2033 MAIN STREET, STE. 600 SARASOTA FL 34237 Suite, Aprl #, etc. City FL Zip Code 10a. Pursuant to the provisions of sections 600 100. and 600 100. Florids Statutes, the above-named limited patriorable organized or registered dagest, or both, in the State of Florids. Such change was authorized by its general partner(s). Hereby accept the appointment of registered agent and suitine with, and accept the deligations of section 620 102. Florids Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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 (P.O. Box Number) BOKENKAMP, HENRY J A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & Zip Code 11c. Registeriory Countries Number DATE NOKOMIS FL 34275 NOKOMIS			Suite, Apt. #, etc.			200		
Zip Country Zip Country 8. Make check payable to Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office ICARD, MERRILL, CULUS, ET AL 2033 MAIN STREET, STE. 600 SARASOTA FL 34237 Suito, Apt. #, etc. City FL Zip Code 10a, Pursuant to the provisions of sections 620 105 and 620 102. Florida Statules, the above named limited partnership organized or registered upon under the lease of the State of Boroida. Such hange was authorized by its general partner(s). Hereby accept the appointment of registered agent. I am launder with, and accept the obligipations of bed bed provided by the general partner(s). Hereby accept the appointment of registered agent. I am launder with, and accept the obligipations of partnership. 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, (CINVO) Agent Final Company of Earth Company (See Company) and Company of Earth Company of Earth Company (See Company) and Company of Earth	City & State	City & State	City & State					
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Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City FL Zip Code 10a. Pursuant to the provisions of socions 620 1051 and 620 102. Florida Statules, the above-named limited partnership organized or registered under the laws of the State of Porida, submits this statement for the purpose of changing its 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 and face print and face print and such and accept the obligations of section 620 192. Forida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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. (a) Address of Each General Partners BOKENKAMP, HENRY J ARRY 11b. City, State & Zip Code 11c. Registration Document Number NOKOMIS FL 34275 NOCOMIS FL 34275 NORD BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTIFIED THE PARTNER FLAT IN THIS OFFICE. NORD BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & Zip Code 11c. Registration Document Number 11c. Part Partner Document Number SOCIETY Document Number NOKOMIS FL 34275 NOKOMIS FL 34275 NORD BE REGISTERED AND ACTIVE WITH THIS OFFICE. NORD BE REGISTERED AND ACTIVE WITH THIS OFFICE. NORD BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11c. Partners MAY NOT Be changed on this form; an amendment must be filled to change a general partner. 12. No believe yeer by that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(A), Forida Statutes, I release the Division of			Name					
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10a. Pursuant to the provisions of sactions 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent 1 and familiar with, and accept the obligations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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. (p. Address of Each General Partner 11b. City, State 8 Zip Code 11c. p. Registration Pocument Number 11b. NOKOMIS FL 34275 NOKOMIS FL 34275 NOKOMIS FL 34275 NOKOMIS FL 34275 NOTION STATE AND STATE ARE WELL AND STATE			Suite, Apt #, etc.					
for the purpose of changing its registered digent, 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 I amiliar with, and accept the obligations of section 620-192, Florida Statutes. DATE			City			FL Zip Code		
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (po NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/Document Number 11b. NOKOMIS FL 34275 NOKOMIS FL 34275 11b. City, State & Zip Code 11c. Registration/Document Number NOKOMIS FL 34275 11b. City State & Zip Code 11c. Registration/Document Number NOKOMIS FL 34275 11d. Document Number	for the purpose of changing its registered office of agent. Familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment).	or registered agent, or both, in the State of F ons of section 620 192, Florida Statutes.	lorida. Such cha	nge was autho	rized by its general partner(s). I her	eby accept the	appointment of registered	
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	12. Ido hereby certify that the information supplied will	n this filing is voluntarily furnished and does	not qualify for th	la noitqmexe e	ated in Section 119.07(3)(k), Florida	Statutes. I rel	ease the Division of	

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

powered to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form