

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT 31 AM 8:20



1a. DOCUMENT #  
A96000001237

**Mailing Address**  
**1600 CAPITAL CIRCLE, S.W.**  
**TALLAHASSEE FL 32310**

Principal Office Address  
1600 CAPITAL CIRCLE, S.W.  
TALLAHASSEE FL 32310

3. Date Formed or Registered  
07/01/1996

**5a.** Capital Contributions as Shown on record

**\$99.00**

**3a.** Date of Last Report

**5b.** Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation  
FL

6. EI Number

☒ Applied For  
☐ Not Applicable

## 7. Certificate of Status Desired

**\$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**

LOWE, FRANCES C  
1600 CAPITAL CIRCLE, S.W.  
TALLAHASSEE FL 32310

**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 is organized or registered under the laws of the State of Florida. I, the undersigned, submit 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
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PRINCE COMMUNICATIONS PUBLIS

1600 CAPITAL CIRCLE.

TALLAHASSEE FL 32310

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[illegible]

**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 10/21/96

Typed or Printed Name of General Partner Signing Form Frances Casey Lowe V. President Daytime Telephone Number 904-574-2111