

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAY -7 AM 8:34



1. Name of Limited Partnership  
**ANNABELLE'S LTD. OF NORTH FLORIDA**

1a. DOCUMENT #  
**A96000001271**

Mailing Address <b>38 COLLEGE DRIVE ORANGE PARK FL 32065</b>	Principal Office Address <b>38 COLLEGE DRIVE ORANGE PARK FL 32065</b>
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 <b>07/05/1996</b>	5a. Capital Contributions as Shown on record. <i>S.A. filed 5-7-97</i> <b>\$12,500 All attached</b>
3a. Date of Last Report	
4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date:
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

**HAMACHEK, ANNABELLE E  
38 COLLEGE DRIVE  
ORANGE PARK FL 32065**

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

10. If changed, new Registered Agent/Office

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

**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
HAMACHEK, ANNABELLE E	38 COLLEGE DRIVE	ORANGE PARK FL 32065	<b>200002171692--1</b> <b>-05/08/87--01113--002</b> <b>****191.25 ****191.25</b>

**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 *Annabelle E. Hamachek* DATE **x 3-28-97**  
Typed or Printed Name of General Partner Signing Form **x ANNABELLE E. HAMACHEK** Daytime Telephone Number **x 904-272-1440**

CR2E003 (11/96)