

**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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS NOV 27 AM 10:20 	
1. Name of Limited Partnership RAMPARTS, LTD.		1a. DOCUMENT # A96000001280			
Mailing Address 4500 P.G.A. BLVD., SUITE 301-A PALM BEACH GARDENS FL 33418		Principal Office Address 4500 P.G.A. BLVD., SUITE 301-A PALM BEACH GARDENS FL 33418		3. Date Formed or Registered 07/05/1996	
2. Mailing Address 4521 PGA BLVD Suite, Apt #, etc. SUITE 148 City & State PALM BEACH GARDENS, FL Zip Country 33418 USA		2a. Principal Office Address 4521 PGA BLVD Suite, Apt #, etc. SUITE 148 City & State PALM BEACH GARDENS, FL Zip Country 33418 USA		3a. Date of Last Report 4. State or Country of Formation FL	
5a. Capital Contributions as Shown on record \$7,500.00		5b. Amount of Capital Contributions in FLORIDA to date: 990,200		6. FEI 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 WOLLETT, CYLESTE A 4440 P.G.A. BLVD., SUITE 103 PALM BEACH GARDENS FL 33418				10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt #, etc. _____ City _____ FL Zip Code _____	
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.					
11. Name(s) of General Partner(s) RAMPARTS, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4500 P.G.A. BLVD., SU		11b. City, State & Zip Code PALM BEACH GARDENS FL	
11c. Registration/Document Number P96000056860		30000020402513-1 -12/27/96- 01142-008 ****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 included 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 _____ Typed or Printed Name of General Partner Signing Form: RAMPARTS, INC. THOMAS DAY, PRES.		DATE 12/2/96 Daytime Telephone Number _____			

CRPE003 (6/96)