

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership SMITHCO PARTNERS, LTD.	1a. DOCUMENT # A96000001502
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*97-AR
CM*

2. Mailing Address 2651 N. FEDERAL HIGHWAY FT. LAUDERDALE FL 33306	
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3. Date Formed or Registered 08/12/1996	5a. Capital Contributions as Shown on record. \$10,000.00
3a. Date of Last Report <i>N/A</i>	5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address <i>C/O PROGRAM UNDERWRITERS INC.</i> <i>3700 COCONUT CREEK PKWY.</i> Suite, Apt. #, etc. City & State <i>COCONUT CREEK, FL.</i> Zip <i>33066-1616</i>	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip <i>USA</i>
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4. State or Country of Formation FL	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 BUTO, LAWRENCE J II 2651 N. FEDERAL HIGHWAY FT. LAUDERDALE FL 33306	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 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) *Lawrence J. Buto II* DATE *9/23/96*

**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) SMITHCO LOUNGE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2651 N. FEDERAL HIGHW	11b. City, State & Zip Code FT. LAUDERDALE FL 333	11c. Registration/Document Number P96000039214
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8000002027148-4
-12/12/96-01046-014
******208.75 ****208.75**

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 *Lawrence J. Buto II* DATE *9/23/96*
 Typed or Printed Name of General Partner Signing Form *LAWRENCE J. BUTO II* Daytime Telephone Number *(954) 978-9880*

CR2E003 (6/96)