1996 OR BEFORE DECEMBER 31, 1905 OR PARTNERSHIP SE SUBJECT TO REVOCATION AND \$500 PENALTY FEE									1	
LIM POPULATION OF SUBJECT TO REVOCE		DI JOHN OF CO	NT OF	9	j .	SECRETAI ISION OF			NS	
1. Name of Limited Partnership	1a.	DOCUME	NT#	_]	·). <i>C.</i> I	1	
Aranta Limited Partnership						17/5	OT WRITE	IN THIS SPA	x 196	
					2. New	Mailing Address	If Applicable)		
Mailing Address Principal Office Address					Suite, Apt # etc					
123 Thornton Drive					City State & Zip					
West Palm Beach, Florida 33418					2a. New Principal Office Address If Applicable					
If above addresses are incorrect in any way. Ine through the inc	orrect information ar	nd enter correct addr	O I I	and/or 2a	Suite Apt	* etc				
<u>-</u>	Date of Last Report	4. State or C	auntry of Form	nation	Cily State	& Zip				
	/A Capita: Contribution:	Flor:			Ĺ		7 000		C D L L L L L L L L L L L L L L L L L L	
5a. Capital Contributions as Shown on Record 5b. Amount of FLORIDA to State of FLORIDA to	to date		593531		-	Applied For Not Applicable	- CEM	Sn 17 A H	F STATUS REQUIRED 13 Secrete parest 15 at 15 Status	
B, FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,00 2) Supplemental Fee \$138.75 (pursuant to sect THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.5 Note: If the amount entered in 5b is greater than amount MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE	on 607.193, F.S.) i0 + \$138.75) AND N t entered in Sa, a sup	O MORE THAN \$576	25 (\$437.50 +	\$138 75)	n a separate	and appropriate fil	ing fee			
9. Name and Address of Current Registered Agent				10. If changed new Registered Agent/Office amo						
Irene D. Antoniou 123 Thornton Drive West Palm Beach, Florida 33418			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 62 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST	istered agent or bot section 620 192. Fk	h in the State of Flor orida Statutes	da Such char	PART	norized by it	s general partners	DATE .	accept the a	appointment of registe	
11. Name(s) of General Partner(s)	11a. (Do NO	ress of Each Genera T Use Post Office Bo	Partner Numbers)	11b.	City, S	tate & Zip Code		11c.	Registration/ Document Number	
Aranta Corporation	123 Tho	rnton Dri	/e	West	Palm	Beach, F	TL 33418	P960	000069549	
Note: General partners-MAY NOT b		am Ab l - \$				A long #11 1 -				

12. I do hereby certify that the information supplied with this filling 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.

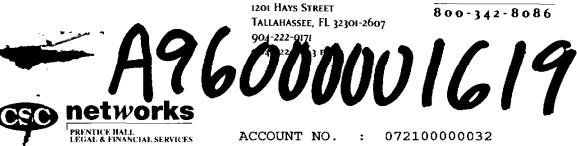
SIGNATUREX Quenel. Gontoneon

Typed or Printed Name of General Partner Signing Form Aranta Corporation by Irene D. Antoniousephone Number

President

12/13/96

DATE



ACCOUNT NO. : 072100000032

REFERENCE: 192421

4327236

AUTHORIZATION

COST LIMIT : \$ 576.25

ORDER DATE: December 17, 1996

ORDER TIME: 9:53 AM

ORDER NO. : 192421-005

CUSTOMER NO: 4327236

600002032326---1

CUSTOMER:

Teresa Ramirez, Legal Asst Gardner Carton & Douglas Suite # 3400

321 N. Clark Street Chicago, IL 60610-4795

ANNUAL REPORT FILING

NAME:

ARANTA LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol A. Detert

EXAMINER'S INITIALS: