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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



ALTAMONTE EQUITIES LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A96000001730

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Mailing Address 1880 OLD OKEECHOBEE ROAD. SUITE 508	Principal Office Address 1860 OLD OKEECHOBEE ROAL	D. SUITE 508	3. Date Formed or Registered 09/19/1996 58. Capital Contributions as Shown on record. \$49,000.00		
WEST PALM BEACH FL 33409	WEST PALM BEACH FL 33409		3a. Date of Last Report	Ψ 10)000100	
			N/A	5b. Amount of Capital Contributions in FLORIDA	
			4. State or Country of Formation	to date:	
2. Malling Address	28. Principal Office Address	2a. Principal Office Address			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State		65-0727470	Not Applicable	
			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information	
44.4					
9, Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
ALTAMONTE BAY HOLDINGS, INC. 1860 OLD OKEECHOBEE ROAD, SUITE 508 WEST PALM BEACH FL 33409		Streel Address (P.O. Box Number Is Not Acceptable)			
					WEST PALM BEACH PL 33409
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 the purpose of changing its registered office or it am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	egistered agent, or both, in the State of Floric section 620.192, Florida Statutes.	med limited partnership da. Such change was au	uthorized by its general partner(s). I hereby	e State of Florida, submits this statement taccept the appointment of registered agent	
the purpose of changing its registered office or in am familiar with, and accept the obligations of signature (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	egistered agent, or both, in the State of Floric section 620.192, Florida Statutes.	med limited partnership da. Such change was au	uthorized by its general partner(s). I hereby	e State of Florida, submits this statement taccept the appointment of registered agent	
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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

Corporalisms 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

Michael R.

Daylime Telephone Number (561) 684-2227