

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

97 MAR 25 PM 2:54

1. Name of Limited Partnership CHOPED OUTDOOR ADVERTISING, LTD.		1a. DOCUMENT # A 96 00000 1777	
Mailing Address P.O. BOX 1004 FAIRFIELD FL 32634		Principal Office Address 7747 NW 176th LANE REDDICK FL 32686	
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 SEPT 23, 1996		5a. Capital Contributions as Shown on record 200⁰⁰	
3a. Date of Last Report N/A (NEW)		5b. Amount of Capital Contributions in FLORIDA to date: 200⁰⁰	
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 checked="" 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 JOHN M. EDWARDS 7747 N.W. 176th LANE REDDICK FL 32686		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) JOHN M. EDWARDS, SR.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7747 NW 176th LN.		11b. City, State & Zip Code REDDICK FL 32686		11c. Registration/Document Number	
						4000002126074--6 -03/27/97--01088--004 ****165.00 ****165.00	
		dec cus		165.00 (new fees)			

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 *John M Edwards*
Typed or Printed Name of General Partner Signing Form: **JOHN M. EDWARDS**

DATE **12-30-96**
Daytime Telephone Number **352-591-1465**

CR2E003 (6/96)