

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 FEB -4 PM 12: 12

<b>1. Name of Limited Partnership</b> <b>MEARS FAMILY LIMITED PARTNERSHIP</b> <b>5740 S.W. 130TH AVENUE</b> <b>FT. LAUDERDALE, FL 33330</b>		<b>1a. DOCUMENT #</b> <b>A96 000001785</b>	
<b>Mailing Address</b> <b>SAME</b>		<b>Principal Office Address</b>	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>3. Date Formed or Registered</b> <b>9/26/96</b>		<b>5a. Capital Contributions as Shown on record</b> <b>7,500</b>	
<b>3a. Date of Last Report</b> <b>INITIAL</b>		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> <b>7,500</b>	
<b>4. State or Country of Formation</b> <b>FLORIDA</b>		<b>6. FEI Number</b> <b>65-0697388</b>	
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<p><b>9. Name and Address of Current Registered Agent</b></p> <p>ALBERT C. MEARS, SR. 5740 SW 130TH AVENUE FT. LAUDERDALE, FL 33330</p>	<p><b>10. If changed, now Registered Agent/Office</b></p> <p>Name</p> <p>Street Address (P.O. Box Number is not acceptable)</p> <p>Suite, Apt. #, etc.</p> <p>City</p> <p>Zip Code</p>
	<p>100002090521--1</p> <p>--02/18/97--01054--013</p> <p>***191.25 ***191.25</p> <p>FL</p>

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)	11a.	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number
	ALBERT C. MEARS, SR.		5740 SW 130TH AVE		FT. LAUDERDALE, FL 33330		

**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 Robert C. Messer Sr.

ALBERT C. MEARS, SR. GP

Daytime Telephone Number

DATE Jan 31 1997  
954-434-6218

CR2E003 (6/96)