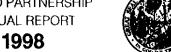
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # 1a.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 17 PM 12: 17

	A96000001	1833			
MAURUKAS FAMILY LIMITED	PARTNERSHIP				
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
7300 SUN ISLAND DRIVE SOUTH	7300 SUN ISLAND DRIVE SOUTH SUITE 1606 SOUTH PASADENA FL 33707		10/01/1996 3a. Date of Last Report	\$4,000,000.00	
SUITE 1606 SOUTH PASADENA FL 33707			02/03/1997		
				5b. Amount of Capital Contributions in F1 ORIDA to date:	
2. Malling Address	2a. Principal Office Address	2a. Principal Office Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable	
Zip Country		Zipi Country		\$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Curr	ent Registered Agent		10. If changed, new Registers	ed Agent/Office	
MANUFULLA CONTROL		Name		and the same and t	
MAURUKAS, JONAS 7300 SUN ISLAND DRIVE SOUTH		Street Address (P.O. Box Numberlis 19.16.16.14) 2352352535253525			
SUITE 1606		Suite, Apt. #, etc. ****\$41.25 ****\$41.25			
SOUTH PASADENA FL 33707		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620 1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligat SIGNATURE (Registered Agent Accepting Appointment)	or registered agent, or both, in the State of F lions of section 620.192, Florida Statutes.	med limited partnorship o lorida. Such change was	rganized or registered under the laws of authorized by its general partner(s). The DATE	reby accept the appointment of registered	
A GENERAL PARTNER THA MU	T IS A CORPORATION, ST BE REGISTERED A	LIMITED PAR ND ACTIVE W	RTNERSHIP OR OTHE /ITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office	eral Partner Box Numbers) 11b	City, State & 7rp Code	11c. Registration/ Document Number	
MAURUKAS, JONAS	7300 SUN ISLAND DRIV	Æ S	OUTH PASADENA FL 337		
MAURUKAS, R. DALIA	7300 SUN ISLAND DRIV	Æ S	OUTH PASADENA FL 337	a2 8	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 logal effects as if made under eath. 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 R. Dalia Maurukas Typed or Printed Name of General Partner Signing Form R. Dalia Maurukas

DATE NOV. 12, 1997
Daylime Telephone Number 813 - 367 - 2544