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

1. Name of Limited Partnership

DOCUMENT # 1a. A96000001891

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THE SHERIFF FAMILY PARTNERSHIP, LTD. -31 **5a.** Capital Contributions as Shown on record 3. Date Formed or Registered Principal Office Address Mailing Address 10/7/96 \$375,000 400 High Point Drive Same Suite 500 3a. Date of Last Report Cocoa, FL 32926 n/a **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2a. Principal Office Address 2. Mailing Address \$375,000 Suite, Apt. #. etc. Suite, Apt #, etc 6. FEI Number 🛄 Applied For 59-3405604 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Thomas A. Vani Street Address (P.O. Box Number Is Not Acceptable) 400 High Point Dr, Suite 500 Cocoa, FL 32926 Suite, Apt. #, etc. 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) : A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/

11. Name(s) of General Partner(s) Baytree Foursome, Inc. 665 Roal Estate Development, Ind.

400 High Point Dr. Suite 500

Cocoa, FL 32926

City, State & Zip Code

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

1 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 armual report is true and accurate and trial 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.

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Typed or Printed Name of General Partner Signing Form

Thomas A. Vani, President DATE 12-3-96

(407) 636-0200 Daytime Telephone Number