

**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

96 DEC 27 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-3
N

| | | | |
|--|--|---|--|
| 1. Name of Limited Partnership Michael D. Ross Family Limited Partnership | | 1a. DOCUMENT # A96000001900 | |
| 2. Mailing Address Same | | 2a. Principal Office Address Same | |
| 3. Date Formed or Registered 10-10-96 | | 5a. Capital Contributions as Shown on record \$2 million | |
| 3a. Date of Last Report N/A | | 5b. Amount of Capital Contributions in FLORIDA to date. \$2 million | |
| 4. State or Country of Formation | | 6. FEI Number 59-3402753 | |
| 7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |
| 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent Maxine M. Presley 3 Hickory Lane Daytona Beach, FL 32118 | | 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) Michael D. Ross, Maxine M. Presley and Rosalind V. Veltenaar, co-trustees of the Michael D. Ross Revocable Trust u/a dtd 9-5-96 | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3 Hickory Lane | 11b. City, State & Zip Code Daytona Beach, FL 32118 | 11c. Registration Document Number A96000001900 |
| 600002053296--0 -01/09/97--01109--011 ****576.25 ****576.25 | | | |

CR2E003 (6/96)

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 Maxine M. Presley DATE Dec 14, 1996

Typed or Printed Name of General Partner Signing Form Maxine M. Presley, TEE Daytime Telephone Number (904) 252-1965