

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 19 AM 10:10 * 12/27

1. Name of Limited Partnership		1a. DOCUMENT # A96000001956	
S.D. and Ida Averett Family Limited Partnership			
Mailing Address		Principal Office Address	
1758 Clarendon Ave. Lakeland, FL 33803		1758 Clarendon Ave. Lakeland, FL 33803	
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		5a. Capital Contributions as Shown on record	
10/21/96		\$421,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date	
N/A			
4. State or Country of Formation			
Polk County			
6. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3410392			
7. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to Dept. of State (See reverse side for fee information)			

<p>9. Name and Address of Current Registered Agent</p> <p>Scott H. Langston 117 South Florida Avenue Lakeland, Florida 33801</p>	<p>10. If changed, new Registered Agent/Office</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt #, etc</p> <p>City FL Zip Code</p>
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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)	11a.	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number
	Sanford D. Averett, Jr.		1758 Clarendon Ave.		Lakeland, FL 33803		A96000001956
	Ida M. Averett		1758 Clarendon Ave.		Lakeland, FL 33803		A96000001956

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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

DATE **December 13, 1996**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 941 686-8223

CR2E003 (6/96)