

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB -6 PM 4:20

1. Name of Limited Partnership		1a. DOCUMENT # A96000001979	
SCHOLSOHN FAMILY LIMITED PARTNERSHIP			
Mailing Address 4689 TREE FERN DRIVE DELRAY BEACH, FL 33445		Principal Office Address 4689 TREE FERN DRIVE DELRAY BEACH, FL 33445	
2. Mailing Address 4689 TREE FERN DRIVE Suite, Apt. #, etc.		2a. Principal Office Address 4689 TREE FERN DRIVE Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL Zip 33445 Country USA		City & State DELRAY BEACH, FL Zip 33445 Country USA	
3. Date Formed or Registered OCT. 24, 1996		5a. Capital Contributions as Shown on record \$7,800,000.00	
3a. Date of Last Report INITIAL REPORT		5b. Amount of Capital Contributions in FLORIDA to date \$7,800,000.00	
4. State or Country of Formation FLORIDA		6. FEI Number 650701357	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent BEN SCHOLSOHN 4689 TREE FERN DRIVE DELRAY BEACH, FLORIDA 33445	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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
BEN SCHOLSOHN, Trustee under BEN SCHOLSOHN DECLARATION OF TRUST dated February 29, 1996	4689 TREE FERN DRIVE	DELRAY BEACH 33445	N/A
SHIRLEY SCHOLSOHN, Trustee under SHIRLEY SCHOLSOHN DECLARATION OF TRUST dated February 29, 1996	4689 TREE FERN DRIVE	DELRAY BEACH 33445	N/A

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 BY: BEN SCHOLSOHN, Trustee DATE _____
BEN SCHOLSOHN, Trustee

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)