

**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

96 DEC 20 AM 9:00

1. Name of Limited Partnership <b>The F. Alan Smith Family Limited Partnership</b>		1a. DOCUMENT # <b>A96-000002013</b>	
2. Mailing Address <b>674 Franklyn Avenue Indialantic, FL 32903</b>		2a. Principal Office Address <b>674 Franklyn Avenue Indialantic, FL 32903</b>	
3. Date Formed or Registered <b>10/29/96</b>		5a. Capital Contributions as Shown on record <b>\$300,000</b>	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date <b>\$300,000</b>	
4. State or Country of Formation <b>Florida</b>		6. FEI Number <b>65-0707472</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>F. Alan Smith 674 Franklyn Avenue Indialantic, FL 32903</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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 partners, the sole proprietor, or the sole member of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. <b>01/02/97 01011-022</b> <b>***576.25 ***576.25</b> 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
F. Alan Smith	674 Franklyn Avenue	Indialantic, FL 32903	A96000002013
Janet D. Smith	674 Franklyn Avenue	Indialantic, FL 32903	A96000002013

**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 *F. Alan Smith* DATE 12/16/96  
Typed or Printed Name of General Partner Signing Form F. Alan Smith Daytime Telephone Number 407-728-8059

CR2E003 (6/96)