

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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 28 PM 12:11

1. Name of Limited Partnership FOUR C's, Ltd.		1a. DOCUMENT # A96000002047	
Mailing Address 7688 CR 109 D LADY LAKE, FL 32159		Principal Office Address 7688 CR 109 D LADY LAKE, FL 32159	
2. Mailing Address N/A		2a. Principal Office Address N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 7/10/96		5a. Capital Contributions as Shown on record 725.00 S.A. 2/28/97	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date \$725.00	
4. State or Country of Formation FLORIDA		6. FEI Number 59-3388999	
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) \$191.25	

9. Name and Address of Current Registered Agent DAVID P. CLARY 7688 CR 109 D LADY LAKE, FL 32159		10. If changed, new Registered Agent/Office Name N/A Street Address (P.O. Box Number is Not Applicable) Suite, Apt. #, etc. City	
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.		3000002102629--0 -03/03/97--01097--003 ***191.25 ***156.25	
SIGNATURE (Registered Agent Accepting Appointment) N/A			

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
DAVID P. CLARY	7688 CR 109 D	LADY LAKE, FL 32159	
MICHAEL T. CLRY	9608 175TH ST. COURT EAST	PUYALLUP, WA 98374	A
PAUL R. CLARY, JR	15495 HALE DR.	NEW FREEDOM, PA 17349	
			new ff + 156.25 or 2/28

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 *David P. Clary*

DATE 11-15-96

Typed or Printed Name of General Partner Signing Form DAVID P. CLARY

Daytime Telephone Number (352) 753-9515