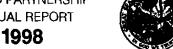
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

KALLMAN FAMILY PARTNERS, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A96000002110

FIL.ED 97 SEP 23 AM ID: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



40 0	10		
Principal Office Address 2245 N.W. 24TH AVENUE GAINESVILLE FL 32605		3. Date Formed or Registered 11/13/1996 3a. Date of Last Report	58. Capital Contributions as Shown on record.
28. Principal Office Address Suite, Apt. #, etc. City & State Zip	Country	7. Certificate of Status Desired	5b. Amount of Capital Contributions in FL ORIDA to date: 3 7 5,000,00 3/5-63 Applied For Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee Information)
d 620.192, Florida Statutes, the above-named registered agent, or both, in the State of Floris of section 620.192, Florida Statutes.	Suite. Apt. #, etc. City d limited partnership ida. Such change wa	O. Box Number Is Not Acceptable) organized or registered under the laws of the sauthorized by its general partner(s). I here DATE RTNERSHIP OR OTHE	Zip Code State of Florida, submits this statement oby accept the appointment of registered
Address of Each General (Do NOT Use Post Office Bo) 2245 N.W. 24TH AVENUE 2245 N.W. 24TH AVENUE	x Numbers)	GAINESVILLE FL 32605 GAINESVILLE FL 32605 OOOOO	11c. Registration/ Document Number
	Principal Office Address 2245 N.W. 24TH AVENUE GAINESVILLE FL 32605 28. Principal Office Address Suite, Apt. #, etc. City & State Zip 1 Registered Agent I Registered agent, or both, in the State of Flores of section 620.192, Florida Statutes. IS A CORPORATION, L T BE REGISTERED ANI 11a. (Do NOT Use Post Office Both Control of the Control o	Principal Office Address 2245 N.W. 24TH AVENUE GAINESVILLE FL 32605 28. Principal Office Address Suite, Apt. #, etc. City & State Zip Country Registered Agent Name Street Address (P Suite, Apt. #, etc. City d 620.192, Florida Statutes, the above-named limited partnership registered agent, or both, in the State of Florida. Such change was of section 620.192, Florida Statutes. IS A CORPORATION, LIMITED PAT BE REGISTERED AND ACTIVE N 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11i. (Do NOT Use Post Office Box Numbers)	Principal Office Address 245 N.W. 24TH AVENUE GAINESVILLE FL 32605 28. Principal Office Address Late of Country of Formation FL Suite, Apt. #, etc. City & State To Country 19. If changed, new Registered Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Geonge of Country 10. If changed, new Registered Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Suite, Apt. #, etc. City City Suite, Apt. #, etc. City City A CORPORATION, LIMITED PARTNERSHIP OR OTHE THE REGISTERED AND ACTIVE WITH THIS OFFICE. 118. Address of Each General Partner 119. City, State & Zip Code 245 N.W. 24TH AVENUE GAINESVILLE FL 32605

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 arrival 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 red to execute this report as required by chapter 620, Florida Statutes.

	_
SIGNATI	JRE

Typed or Printed Name of General Partner Signing Form

CLAYTON H. KALLHAN