

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 JAN 31 PM 12:17

1. Name of Limited Partnership Hellekson Family Limited Partnership		1a. DOCUMENT # A96000002355	
Mailing Address P.O. Box 4848 Sanford, FL 32772		Principal Office Address P.O. Box 4848 Sanford, FL 32772	
2. Mailing Address Same		2a. Principal Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 12-19-96		5a. Capital Contributions as Shown on record \$2 million	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date \$2 million	
4. State or Country of Formation Florida		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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)	

9. Name and Address of Current Registered Agent Franklin C. Whigham, Esq. P.O. Box 4848 Sanford, FL 32772-4848		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 200 West First Street, Suite 22 Suite, Apt. #, etc. City Sanford Zip Code FL 32772-4848	
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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

1-21-97

**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) Verle Melvin Hellekson and Mary Elizabeth Hellekson as Tenants by the Entirety	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 345 Saddleworth Place	11b. City, State & Zip Code Heathrow, FL 32746	11c. Registration/ Document Number A96000002355
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****576.25 ****576.25**

KWM

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

1/21/97

Typed or Printed Name of General Partner Signing Form

Mary Elizabeth Hellekson

Daytime Telephone Number **(407) 333-2964**

CR2E003 (6/96)