

**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Name of Limited Partnership SCHLITT PROPERTIES OF INDIAN RIVER, LTD.	1a. DOCUMENT # A96000002376
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Mailing Address 3420 Buckinghammock Trail Vero Beach, FL 32960		Principal Office Address Same		3. Date Formed or Registered 12/19/96	5a. Capital Contributions as Shown on record \$330,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report n/a	5b. Amount of Capital Contributions in FLORIDA to date \$330,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. State or Country of Formation	
City & State	City & State			6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	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 Todd W. Fennell, Esquire 979 Beachland Blvd. Vero Beach, FL 32963	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 500002056895-7 Suite, Apt. #, etc. 01/14/97 01006 007 ***576.25 ***576.25 City FL Zip Code
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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
Frank J. Schlitt, Sr.	3420 Buckinghammock Trail	Vero Beach, FL 32960	
Mary L. Schlitt	3420 Buckinghammock Trail	Vero Beach, FL 32960	

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 the report as required by chapter 620, Florida Statutes.

SIGNATURE *Frank J. Schlitt, Sr.*
Frank J. Schlitt, Sr.

DATE **12/30/96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number **(561) 562-9459**

CP2E003 (6/96)