

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 26 AM 10:40

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	--

1. Name of Limited Partnership	1a. DOCUMENT # A96000002384
--------------------------------	--------------------------------

THE R&I NORTON FAMILY LIMITED PARTNERSHIP

Mailing Address 1500 North Drive Sarasota, FL 34239		Principal Office Address 1500 North Drive Sarasota, FL 34239	
2. Mailing Address	2a. Principal Office Address		
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 \$456,000.00
3a. Date of Last Report n/a	5b. Amount of Capital Contributions in FLORIDA to date: \$456,000.00
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 Randolph H. Norton 1500 North Drive Sarasota, FL 34239	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 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 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
Randolph H. Norton	1500 North Drive	Sarasota, FL 34239	100002045781--7 -01/03/97--01150--017 ****576.25 ****576.25
Isabel S. Norton	1500 North Drive	Sarasota, FL 34239	

**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 *Randolph H. Norton* DATE *12/19/96*  
 Typed or Printed Name of General Partner Signing Form Randolph H. Norton, General Partner Daytime Telephone Number \_\_\_\_\_

CR2E003 (6/96)