

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 APR 21 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # <b>A96000002460</b>
<b>WIEDEMANN FAMILY LIMITED PARTNERSHIP</b> 97-AR CM	

Mailing Address 12830 MAIDEN CANE LANE BONITA SPRINGS FL 34135	Principal Office Address 12830 MAIDEN CANE LANE BONITA SPRINGS FL 34135	3. Date Formed or Registered 12/19/1996	5a. Capital Contributions as Shown on record. \$1,400,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: 0
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0714883 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	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)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent <b>WIEDEMANN, JOSEPH</b> 12830 MAIDEN CANE LANE BONITA SPRINGS FL 34135	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 15316 GULF BLVD Suite, Apt. #, etc. 503 City MADEIRA FL Zip Code 33708
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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) Joseph Wiedemann DATE 4/2/97

**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) <b>WIEDEMANN, JOSEPH</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>12830 MAIDEN CANE LANE 15316 GULF BLVD # 503</b>	11b. City, State & Zip Code <b>BONITA SPRINGS FL 34135 MADEIRA, FL 33708</b>	11c. Registration/Document Number <b>800002154008--S -04/24/97--01095--004 ****156.25 ****156.25</b>
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**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 Joseph Wiedemann DATE 4/2/97  
Typed or Printed Name of General Partner Signing Form JOSEPH WIEDEMAN N Daytime Telephone Number 813 397 9778

CR2E003 (11/96)