

**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 -9 AM 9:15

1. Name of Limited Partnership		1a. DOCUMENT # A96000002475	
R. Jay Kraeer and Lorraine Kraeer, L.P.			
Mailing Address		Principal Office Address	
2782 N.E. Third Street Pompano Beach, FL 33062		2782 N.E. Third Street Pompano Beach, FL 33062	
2. Mailing Address Same as #1 above		2a. Principal Office Address Same as #1 above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 12/23/96		5a. Capital Contributions as Shown on record Over \$250,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: Over \$250,000.00	
4. State or Country of Formation FL, USA		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired No		8.75 Additional Fee Required <input type="checkbox"/>	
8. Make check payable to Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
Lorraine Kraeer 2782 N.E. Third Street Pompano Beach, FL 33062	Name N/A
	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
R. Jay Kraeer	Same as #1 above		A96000002475
Lorraine Kraeer	Same as #1 above		A96000002475
<p>800002060008--8 -01/16/97--01025--011 ****576.25 ****576.25</p>			

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 *Lorraine Kraeer*
Lorraine Kraeer

DATE 1/6/97

Typed or Printed Name of General Partner Signing Form

Lorraine Kraeer

Daytime Telephone Number (954) 563-4883

CR2E003 (6/96)