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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



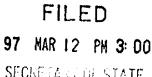
FLORIDA DEPARTMENT OF STATE
Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9700000021**

THE MICHAEL/DORIS ELLZEY LIMITED PARTNERSHIP



SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Mailing Address 4216 SE 5TH STREET OCALA FL 34471 | Principal Office Address 4216 SE 5TH STREET OCALA FL 34471 | 4216 SE STH STREET | | 3. Date Formed or Registered 12/31/1996 3a. Date of Last Report Initial Report | 5a. Capital Contributions as Shown on record. \$401,000.00 5b. Amount of Capital Contributions InFLORIDA to date: \$401,000 | | |
|---|---|--|---|---|--|---|--|
| 2. Mailing Address | 2a. Principal Office Address | 2a. Principal Office Address | | 4. State or Country of Formation | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number 59. 342347 | • | Applied For | |
| City & State | City & State | | | 7. Certificate of Status Desired | <u>/ </u> | Not Applicable \$8.75 Additional | |
| Zip Country | Zip | p Country | | 8. Make check payable to: Dept. of State (See reverse side for fee Information) | | | |
| | | | | 10 | | | |
| 9, Name and Address of Current Registered Agent PEEK, DAVID H | | | 10, if changed, new Registered Agent/Office Name | | | | |
| 1301 RIVERPLACE BOULEVARD, SUITE 1609 | | | Street Address (P.O. Box Number (C) (1/45) 12 1 1 1 1 4 5 (3/13/97)1121 | | | | |
| JACKSONVILLE FL 32207 | | Sulte, Apt. #, etc. | | | | | |
| | | City | | | FL | Zip Code | |
| 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) | Address of Each Gene 11a. (Do NOT Use Post Office E | ral Partner Box Numbers) | 11b. | City, State & Zip Code | 11c. | Registration/ Document Number | |
| ELLZEY, DORIS J | 4216 SE 5TH STREET | | 00 | CALA FL 34471 | | | |
| | 200 6 | | (| Cand warm | | | |
| Note: General partners MAY N | OT be changed on this for | m; an am | | | ange a g | eneral partner. | |
| 12. I do herety certify that the information supplied v Corporations from any liability of non-compliance annual report is true and accurate and that my si empowered to execute this report as required by | with this filing is voluntarily furnished and does n with Section 119.07(3)(k) in the event that the ignature shall have the same legal effects as if r | ot qualify for the information supp | exemption plied is deen | stated in Section 119.07(3)(k), Florida the devempt from public access. I further | Statutes. I relea | se the Division of Information indicated on this | |
| Typed or Printed Name of General Partner Signing Form DUP IS J. ET12 EY | | | | DATE 0 732 - 3504 | | | |
| Typed or Printed Name of General Partner Signing Forn | 1.4/61 10 01 -11-1 | ~/ | | Daytime Teléphone Number | 151 | 0003376 | |
| | | • | | | | WW3(0 | |