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

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1997	Sandra Mortham  Secretary of State  DIVISION OF CORPORATIONS		97 JAN 23 AM 9: 3B			
1. Name of Emited Partnership	1a. DOCUM A9700000039		SECHETARY DE STATE TALLAHASSEE, FLORIDA			
LEDDING LIMITI	ED PARTNERSHIP				9/24	
Mailing Address Principal Office Address			3. Date Formed or Registered 12/26/96	Shown on record  \$1000  5b. Amount of Capital Contributions in FLORIDA		
5055 Gulf of Me Longboat Key, Fl	3a. Date of Last Report					
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	lo dale:		
same	same		Florida 6 FELNumber	\$1000		
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.	Suite, Apt #, etc.  City & State		Applied For Not Applicable		
Zip Country	Zip	Country	7. Certificate of Status Desired		\$8.75 Additional Fee Required	
		•		** Make check payable to: Dept. of State (See reverse side for lee information)		
9. Name and Address of	Current Registered Agent	7	10. If changed, new Registere	d Agent/Office		
		Name			And the second s	
Nancy C. Ledding		Street Address (P.0	D. Box Number is Not Acceptable)	വനം അത	224	
5055 Gulf Of Mex	Suite, Apt. #, etc01724/37011114011					
Longboat Key, Fl	ngboat Key, Fl 34228		****191_25 ****191_25 			
				<u>FL</u>		
	office or registered agent, or both, in the State of Fic oligations of section 620 192, Florida Statutes.	orida Such change was	authorized by its general partner(s). I her	eby accept the a		
A GENERAL PARTNER T	HAT IS A CORPORATION, MUST BE REGISTERED AN	LIMITED PAI	RTNERSHIP OR OTHE	R BUSIN	IESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gener		<del></del>	11c.	Registration/ Document Number	
Nancy C. Ledding	)		Longboat Key, Fl. 34228	A970000039		
Edward F. Leddin	g 5055 Gulf of Mexico Dr.		Longboat Key, Fl 34228	A970000039		
Note: General partners MAY	NOT be changed on this for	n; an amendr	nent must be filed to ch	ange a ge	neral partner.	
12. I do hereby certify that the information supplied	ed with this filing is voluntarily furnished and does n	not qualify for the exemp	otion stated in Section 119.07(3)(k), Florida	Statutes. I releas	se the Division of	
	ance with Soction 119 07(3)(k) in the event that the i at my signature shall have the same legal effects a d by chapter 620, Florida Statules.					
CICNATURE (A)	B					

SIGNATURE Pancy C. X	ddim	DATE
Typed or Printed Name of Goveral Partner Storing Form	C. Leddina	DATE Daytime Telephone Number
	/	