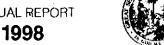
## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

MARQUARD FAMILY PARTNERSHIP, LTD.

**DOCUMENT #** A97000000324

FILED SECRETARY OF STATE FOLVICION OF CORPORATIONS

97 EEC-1 MAIL: 07

Mailing Addross 5214 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	Principal Office Address	al Office Address		3. Date Formed or Reg stered 10/27/97 3a. Date of Lest Report	<b>5a.</b> Capital Contributions as Shown on record  25,000	
			}	10/28/98  4. State or Country of Formation	5b. Amou Contr to dai	unt of Capital ibutions in FLOR-DA
2. Mailing Address 5214 FISHER ISLAND DRIVE	2a. Principal Office Address SAME			FLORIDA	25,000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For	
City & State FISHER ISLAND, FLORIDA	City & State			7. Certificate of Status Desired	W.	Not Applicable \$8.75 Additional
Zip Country 33109	Zip Country			Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)		
				40		
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office Name				
WILLIAM A. MARQUARD 5214 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109		Street Address (P.O. Box Number is Not Acceptable 2/04/3701111015  Suite, Apt. #, etc. *****287, 50				
·		City			FL Zip Code	
10a. Pursuant to the provisions of sections 6/9 1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations.  SIGNATURE (Registered Agent Accepting Appointment).	egistored agent, or both, in the State of F of section 620 192, Florida Statutes	torida. Such change	e was auth	or zed by its general partner(s). I here  DATE  NERSHIP OR OTHE	eby accept the	appointment of registere
	BE REGISTERED AN	ral Darlage			1440	Registration/
Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	Box Numbers)	11b.	City, State & Zip Code	11c.	Document Number
WILLIAM A: MARQUARD MARGARETT.MARQUARD	5214 FISHER IS 5214 FISHER ISLAN	LAND DR. F	FISHE	.R.T.s.land,Fl33100 2.T.s.land,Fl:-33100	1 <del>A970</del> 1 <del>A970</del>	<del>00002326</del> -
<i></i>				dcc		
Note: General partners MAY NOT	be changed on this for	m; an amer	ndmer	nt must be filed to cha	inge a g	eneral partner
12. I do hereby cortify that the information supplied with the	is filing is voluntarily furnished and does	not qualify for the e	xemption s	stated in Section 119.07(3)(k), Florida	Statutes I role	ase the Division of
Corporations from any liability of non-compliance with	Section 119.07(3)(k) in the event that the	miormation supplie	a is deem	ea exempt from public access. I furth	or certify that t	ne information indica

this annual roport is true and accurate and that my signature shall have the same logal effects as if made under eath. 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, f lorida Statutes

DATE 11/18/97

Daytime Telephone Number 305-532-32-90