

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED

98 JAN 12 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership KAZARIAN FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A97000002939	
Mailing Address 3154 Shoreline Drive Clearwater, FL 33760		Principal Office Address 3154 Shoreline Drive Clearwater, FL 33760	
2. Mailing Address same as above		2a. Principal Office Address same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Formed or Registered December 31, 1997		5a. Capital Contributions as Shown on record \$435,000.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date: \$435,000.00	
4. State or Country of Formation Florida, USA		6. FEI Number 59-3483664	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent Margaret H. Kazarian 3154 Shoreline Drive Clearwater, FL 33760		10. If changed, new Registered Agent/Office	
		Name	
		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) Margaret H. Kazarian	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3154 Shoreline Drive	11b. City, State & Zip Code Clearwater, FL 33760	11c. Registration/Document Number 500002409495--0 -01/22/98--01121--016 ****541.25 ****541.25
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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 Margaret H. Kazarian DATE 1/9/98
Typed or Printed Name of General Partner Signing Form Margaret H. Kazarian Daytime Telephone Number 813- 573-7847

CR2E003 (6/97)