

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

96 DEC 26 AM 9:20

1. Name of Limited Partnership	1a. DOCUMENT # B94000000422
BROWN BROTHERS HARRIMAN & CO. LIMITED PARTNERSHIP	

Mailing Address 59 WALL STREET NEW YORK, NY 10005	Principal Office Address 59 WALL STREET NEW YORK, NY 10005	3. Date Form or Registered 10/19/1994	5a. Capital Contributions as Shown on record \$6,000,000.00
		3a. Date of Last Report 11/24/1995	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation NY	-0-
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 13-4973745	☐ Applied For ☐ Not Applicable
City & State	City & State	7. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Zip	Country	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
O'NEIL, DANIEL C. BROWN BROTHERS HARRIMAN & CO. 4501 TAMiami TRAIL NORTH, SUITE 310 NAPLES, FL 33940	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

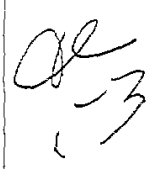
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of 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.

N/A

SIGNATURE (Registered Agent Accepting Appointment)

DATE

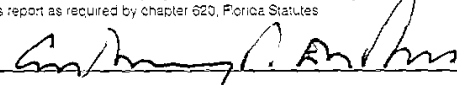
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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
SEE ATTACHED LIST			 800002051228--3 -01/08/97--01110--021 ****200.00 ****200.00

CF2E003 (6/96)

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 effect 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  DATE 12/17/96

Typed or Printed Name of General Partner Signing Form: ANTHONY T. ENDERS, MANAGING PARTNER Daytime Telephone Number: (212) 493-8350

Question 11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 26 AM 9:20

BUSINESS ADDRESS

[illegible]