

**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
95 DEC 30 AM 8:11

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000177

LUC LAKE HANCOCK LIMITED PARTNERSHIP



Mailing Address

BOX 460
300 GREENBRIER ROAD
SUMMERSVILLE WV 26651

Principal Office Address

BOX 460
300 GREENBRIER ROAD
SUMMERSVILLE WV 26651

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

05/18/1995

3a. Date of Last Report

01/17/1996

4. State or Country of Formation

WV

5a. Capital Contributions as Shown on record.

\$81,921.00

5b. Amount of Capital Contributions in FLORIDA to date:

\$81,921.00

6. FEI Number

55-0711558

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

ROEDER, LOUIS III
7414 SPARKLING LAKE ROAD
ORLANDO FL 32819

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number)

380002051045--4

Suite, Apt. #, etc.

-01/08/97--01087--024

City

***576.25 ***576.25

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)

LAND USE CORPORATION

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

BOX 460, 300 GREENBRI

11b. City, State & Zip Code

SUMMERSVILLE WV 26651

11c. Registration/ Document Number

F95000002438

Notes: 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

[Signature] Vice President of Land Use Corporation
General Partner.

DATE

12/26/96

CR2E003 (6/96)