

**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



2. Mailing Address		2a. Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
BOX 460 300 GREENBRIER ROAD SUMMERSVILLE WV 26651		BOX 460 300 GREENBRIER ROAD SUMMERSVILLE WV 26651		05/18/1995	\$81,921.00
3. Date Formed or Registered		3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
05/18/1995		01/17/1996		\$81,921.00	
4. State or Country of Formation		6. FBI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
WV		55-0711558			
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)			
<input type="checkbox"/> \$8.75 Additional Fee Required					

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
ROEDER, LOUIS III 7414 SPARKLING LAKE ROAD ORLANDO FL 32819	Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City
	300002051045--4 -01/08/97--01087--024 ***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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
LAND USE CORPORATION	BOX 460, 300 GREENBRI	SUMMERSVILLE WV 26651	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)