



**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 <p>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 NOV 12 PM 1:10 11/13</p> 	
1. Name of Limited Partnership CAMP FLORIDA RESORT, LIMITED PARTNERSHIP		1a. DOCUMENT # B95000000328			
Mailing Address 1525 U.S. 27 SOUTH LAKE PLACID FL 33852		Principal Office Address 1525 U.S. 27 SOUTH LAKE PLACID FL 33852		3. Date Formed or Registered 09/14/1995	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 06/07/1996	
4. State or Country of Formation IN		5a. Capital Contributions as Shown on record \$10,000.00		5b. Amount of Capital Contributions in FLORIDA to date	
6. FFL Number 65-0657566		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		7. Certificate of Status Desired <input type="checkbox"/> \$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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ FL Zip Code _____
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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) CAMPER CORRAL, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7406 U.S. 27 NORTH	11b. City, State & Zip Code SEBRING FL 33870	11c. Registration/Document Number H39937
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-11/19/96--01156--009
******208.75 ****208.75**

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 _____

DATE **November 6, 1996**

Typed or Printed Name of General Partner Signing Form _____

R. Anthony Cozier, President

Daytime Telephone Number **941-699-1936**

CP2E003 (6/96)