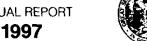
## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



CROSS KEYS CAPITAL, LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** B9600000050

96 DEC 19 111 9:24 4nth 12/27



Mailing Address P.O. BOX 459 HERSHEY PA 17033	Principal Office Address  20 VALLEY ROAD NERSHEY PA 17033	3. Date Formed or Registered 02/05/1996 38. Date of Last Report	5a. Capital Contributions as Shown on record.
2. Mailing Address	2a. Principa! Office Address	4. State or Country of Formation PA	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc	6. FEI Number	4 Applied For Not Applicable
City & State	City & State	7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip Country	Fra Doguizad	
9. Name and Address of C	current Registered Agent	10. If changed, new Registered Agent/Office	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number Is Not Acceptable) Suite Apt #, etc	
	City	<del></del>	Zip Code
for the purpose of changing its registered of agent. I am familiar with, and accept the obling SIGNATURE (Registered Agent Accepting Appointment)		nange was authorized by its general partrier(s). I he	reby accept the appointment of registered
	UST BE REGISTERED AND ACT	IVE WITH THIS OFFICE.	EN BOSINESS ENTITT
11. Name(s) of General Panner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers	11b. City, State & Zip Code	11c. Registration/ Document Number
CKC GENERAL, INC.	20 VALLEY ROAD	HERSHEY PA 17033	F96000000588
. ,		300002 -12/2 *****1	0403435 7/9601142018 91.25 ****191.25
,			

Not : 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 filling is voluntarily furnished and does not quality 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 Colprelations from any flability of hort-compliance with a oction in the event that the minimator supplied is decreed exempt from public access. I nature certain that the initial partnership is considered on this annual report is true and accurate and that my signature shall have the same logal 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 is required by planter 620, Florida Statutes.

DATE

DATE

SIGNATURE -

Typed or Printed Name of General Partner Signing Form

Paul S. Romano

Daytime Telephone Number 717-533-8809

.. DATE