

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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

97 MAR -3 PM 12:20



1. Name of Limited Partnership	1a. DOCUMENT # <b>B96000000087</b>
FOUNDING PARTNERS EQUITY FUND, LIMITED PARTNERSHIP	

Mailing Address <del>800 LAUREL OAK DRIVE, SUITE 100</del> NAPLES FL <del>33960</del>	Principal Office Address <del>800 LAUREL OAK DRIVE, SUITE 100</del> NAPLES FL <del>33960</del>	3. Date Formed or Registered <b>03/07/1996</b>	5a. Capital Contributions as Shown on record. <b>\$ 0.00</b>
2. Mailing Address <b>801 LAUREL OAK DRIVE</b> Suite, Apt. #, etc. <b>SUITE 620</b> City & State <b>NAPLES FL</b> Zip <b>34108</b> Country <b>-2707</b>	2a. Principal Office Address <b>801 LAUREL OAK DRIVE</b> Suite, Apt. #, etc. <b>SUITE 620</b> City & State <b>NAPLES FL</b> Zip <b>34108</b> Country <b>-2707</b>	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation <b>DE</b>	
		6. FEI Number	<input type="checkbox"/> Applied For <input checked="" 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 <b>NATIONAL CORPORATE RESEARCH, LTD.</b> <b>1406 HAYS STREET - SUITE #2</b> <b>TALLAHASSEE FL 32301</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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) <b>FOUNDING PARTNERS CAPITAL MA</b> <b>FOUNDING PARTNERS</b> <b>CAPITAL MANAGEMENT</b> <b>COMPANY</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>800 LAUREL OAK DRIVE,</b> <b>801</b>	11b. City, State & Zip Code <b>NAPLES FL 33960</b> <b>34108-2707</b> <b>400002105244--0</b> <b>-03/05/97--01098--001</b> <b>***191.25 ***191.25</b> <b>OR 3-3</b>	11c. Registration/Document Number <b>P94000011946</b>
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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  Typed or Printed Name of General Partner Signing Form <b>WILLIAM L. GUNGICKS</b> <b>FOUNDING PARTNERS</b> <b>CAPITAL MANAGEMENT COMPANY</b>	DATE <b>26 FEB 97</b> Daytime Telephone Number <b>941-514-2900</b>
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CR2E003 (11/96)