

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 10 PM 1:42

1. Name of Limited Partnership

1a. DOCUMENT #
B96000000368

F AND H PROPERTIES LTD. PARTNERSHIP



Mailing Address

19941 BUCKINGHAM CT.
PLYMOUTH MI 48170

Principal Office Address

13841 BUCKINGHAM CT.
PLYMOUTH MI 48170

3. Date Formed or Registered

09/19/1996

5a. Capital Contributions as Shown on record.

\$9,800.00

3a. Date of Last Report

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

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation

MI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

SCARFO, MIKE
760 ANDOVER CIRCLE
WINTER SPRINGS FL 32708

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FF 172.35
OP 1.00 (new)

Handwritten signature
2/11 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)

MASRI, HAITHAM

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

13841 BUCKINGHAM CT.

11b. City, State & Zip Code

PLYMOUTH MI 48170

11c. Registration/Document Number

300002112113--9
-03/13/97--01009--014
****173.35 ****173.35

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

Handwritten signature of Haitham Masri

DATE

1/21/97

Typed or Printed Name of General Partner Signing Form

Haitham MASRI

Daytime Telephone Number

(713) 454 4472

CR2E003 (1/1/96)