

**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
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 APR -3 AM 8:26

1. Name of Limited Partnership BAUCOM'S REAL ESTATE LIMITED PARTNERSHIP	1a. DOCUMENT # B96000000496
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BK 4/3/97

Mailing Address BAUCOM'S NURSERY COMPANY 10020 JOHN RUSSELL RD., P.O. BOX 25558 CHARLOTTE NC 28229-5558	Principal Office Address BAUCOM'S NURSERY COMPANY 10020 JOHN RUSSELL RD., P.O. BOX 25558 CHARLOTTE NC 28229-5558
2. Mailing Address P. O. BOX 25558 Suite, Apt. #, etc. City & State CHARLOTTE, N.C. Zip Country 28229-5558 USA	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 12/26/1996	5a. Capital Contributions as Shown on record. \$515,400.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation NC	6. FEI Number 56-1962725
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent BAUCOM'S NURSERY COMPANY DBA BAUCOM'S OF FLORIDA/ATTN CHARLES LUBBER 300 BRITT RD MT. DORA FL 32757
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	0000002135550-1 04/08/97-01115-008 *****541.25 *****541.25 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) RITTER BAUCOM, IMOGENE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) % BAUCOM NURSERY CO.	11b. City, State & Zip Code CHARLOTTE NC 28229	11c. Registration/Document Number
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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 *Imogene Ritter Baucum* DATE *3-21-97*
 Typed or Printed Name of General Partner Signing Form *Imogene Ritter Baucum* Daytime Telephone Number *1-704-5943220*