

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

FILED

96 NOV - 7 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A08665

OLD HYDE PARK VILLAGE CENTER, LTD.

*97-AR
EM*



Mailing Address

P.O. BOX 3244
TAMPA FL 33601

Principal Office Address

1509 W. SWANN AVE.
SUITE 225
TAMPA FL 33606

3. Date Formed or Registered

03/06/1980

5a. Capital Contributions as
Shown on record

\$361,000.00

3a. Date of Last Report

12/18/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

1507 W. Swann Ave

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-2101240

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

GLADFELTER, LESLIE H
C/O GRIMES, GOEBEL,
1023 MANATEE AVE. W.
BRADENTON FL 34205

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt #, etc.

City

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)

AMLEA (FLORIDA), INC.

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

1509 WEST SWANN AVENUE
1507 W. Swann Ave

11b. City, State & Zip Code

TAMPA FL 33606

11c. Registration
Document Number

564762

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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 on 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

Patricia D. Westerhouse

DATE

10-31-96

Typed or Printed Name of General Partner Signing Form

PATRICIA D. Westerhouse

Daytime Telephone Number

813-251-3500

CR2E003 (6/96)