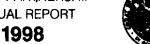
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A11434**

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 FEB - 9 PM 1: 18



PINEHURST ASSOCIATES, LTD.			1 (0010)) (501 (108) (108) (108) (108) (108)		
Malling Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
RESEARCH PARK 30 WALL STREET PRINCETON NJ 08540	RESEARCH PARK 30 WALL STREET PRINCETON NJ 08540		11/02/1981 3a. Date of Last Report 03/03/1997	\$4,580,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address P. 0. 13 o y 170 Suite, Apt, **, etc.	2a. Principal Office Address Suite, Apt. #, gtc.	170	4. State or Country of Formation FL 6. FEI Number	4,580,000	
SKILMAN, N.J.	SKV man City & State	ŊŢ.	22-2379743	Applied For Not Applicable	
<u> </u>	08338		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Country		8. Make check payable to: Dept. of S	8. Make check payable to: Dept. of State (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered	10. If changed, new Registered Agent/Office	
BARRY SOBERING, SOBERING & GRAY 201 S. ORANGE AVE SUITE 760 ORLANDO FL 32801		Name	ame		
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		City FL Zip Code			
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)	11a. Address of Each General	Partner x Numbers) 1	1b. City. State & Zip Code	11c. Registration/ Document Number	
GENERAL PARTNER, INC. 2 HOLLOW ROAD			SKILLMAN NJ 08558	P36540	
		į	-02/13/	15306167 9801122001 0.80 ****\$50.00	
437.50	27.E01 C	₽ .	is dec		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. To hereby certify that the information supplied with this forporations from any liability of non-compliance with Sertifs annual report is true and accurate and that my signate appowered to execute this positive required by chapter SIGNATURE	ction 119.07(3)(k) in the event that the info ure shall have the same legal effects as i 620, forida Statutes	ormation supplied i I made under oath	is deemed exempt from public access. I furthe I further certify that I am a General Partner of I	r certify that the information indicated on	
Typed or Printed Name of General Partner Signing Form	Frederick Onn	૧ તે ૯ '	Daylime Telephone Number		