

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO 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
96 DEC 16 AM 10:19

1. Name of Limited Partnership

1a. DOCUMENT #
A20233

HUTTON/CONAM REALTY INVESTORS 3, LTD.



100002029371--7

Mailing Address

W-T-S-S-C
P.O. BOX 1527
BOSTON MA 02104-1527

Principal Office Address

W-T-S-S-C
P.O. BOX 1527
BOSTON MA 02104-1527

3. Date Formed or Registered

06/26/1985

5a. Capital Contributions as
Shown on record.

\$40,000,000.00

3a. Date of Last Report

10/02/1995

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

4. State or Country of Formation

CA

6. FEI Number

13-3176625

☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name The Prentice-Hall Corporation System, Inc.

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

1201 Hays St

Suite, Apt. #, etc.

City Tallahassee

FL

32301

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)

Vicki Schermer, Asst Vice President DATE *12/10/96*

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)

RI 3-4 REAL ESTATE SERVICES,
CONAM PROPERTY SERVICES

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

91 ST. JAMES ST., P30
53 state ST
1764 SAN DIEGO AVE

11b. City, State & Zip Code

BOSTON MA
SAN DIEGO CA

11c. Registration/
Document Number

F93000000731
B93000000130

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.

RI 3-4 REAL ESTATE SERVICES, INC.

SIGNATURE

Eileen M. Bannon

DATE

12/9/96

Typed or Printed Name of General Partner Signing Form Eileen M. Bannon, Asst Secy

Daytime Telephone Number

212-526-2327

CR2E03 (6/96)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0397

800-342-8086

(2)



networks

PRENTICE HALL
LEGAL & FINANCIAL SERVICES

A20233

ACCOUNT NO. : 072100000032

REFERENCE : 164311 7110343

AUTHORIZATION : *Patricia Pappas*

COST LIMIT : \$ 576.25

ORDER DATE : November 21, 1996

ORDER TIME : 4:24 PM

ORDER NO. : 164311-055

CUSTOMER NO: 7110343

CUSTOMER: Mr. Scott Bridges
First Data Investor Services
53 State Street
Mail Zone Bos 710
Boston, MA 02109

10000 202937.1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
86 DEC 16 AM 10:19

ANNUAL REPORT FILING

NAME: HUTTON/CONAM REALTY INVESTORS
3, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Margie Dias~~ **M. KLUNK**

EXAMINER'S INITIALS:

RECEIVED
5 DEC 16 AM 8:23
DIVISION OF CORPORATIONS

12/16/96