

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

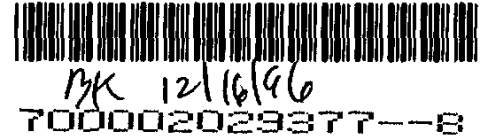
1

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 16 AM 9: 56

1. Name of Limited Partnership  <b>SHADOWOOD VILLAGE, LTD.</b>	1a. DOCUMENT # <b>A22849</b>
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Mailing Address C/O T.S.S.G. P. O. BOX 1527 BOSTON MA 02104-1527	Principal Office Address C/O T.S.S.G. P. O. BOX 1527 BOSTON MA 02104-1527
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered <b>07/02/1986</b>	5a. Capital Contributions as Shown on record. <b>\$5,400,000.00</b>
3a. Date of Last Report <b>10/02/1995</b>	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation <b>FL</b>	
6. FEI Number <b>11-2811404</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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  <b>C T CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND RD.</b> <b>PLANTATION FL 33324</b>
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10. If changed, new Registered Agent/Office Name <b>The Prentice-Hall Corporation System, Inc.</b> Street Address (P.O. Box Number Is Not Acceptable) <b>1201 Hays St</b> Suite, Apt. #, etc. City <b>Tallahassee</b>	FL Zip Code <b>32301</b>
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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) Vicki Schneider, Asst Vice President DATE 12/2/96

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
<b>RI3-4 REAL ESTATE SERVICES,</b>  <b>CONAM PROPERTY SERVICES IV,</b>	<b>3 WORLD FINANCIAL CEN</b>  <b>1764 SAN DIEGO AVENUE</b>	<b>NEW YORK NY 10285</b>  <b>SAN DIEGO CA 92110</b>	<b>F83000000731</b>  <b>B93000000130</b>

**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 Eileen M Bannon DATE \_\_\_\_\_  
 Typed or Printed Name of General Partner Signing Form Eileen M. Bannon, Asst Secy Daytime Telephone Number 212-526-2327

CR2E003 (6/96)

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2607  
904-222-9171  
904-222-0393 FAX

800-342-8086

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DIVISION OF CORPORATIONS

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96 DEC 16 AM 9:56

A22849



ACCOUNT NO. : 072100000032

REFERENCE : 164311 7110343

AUTHORIZATION : *Patricia Pyzdek*

COST LIMIT : \$ 576.25

ORDER DATE : November 21, 1996

ORDER TIME : 4:33 PM

ORDER NO. : 164311-125

CUSTOMER NO: 7110343

700002029377

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

ANNUAL REPORT FILING

NAME: SHADOWOOD VILLAGE, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- \_\_\_\_\_ CERTIFIED COPY
- XX \_\_\_\_\_ PLAIN STAMPED COPY
- \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

RECEIVED  
6 DEC 16 AM 8:22  
DIVISION OF CORPORATIONS

CONTACT PERSON: ~~Margie Diaz~~ M. KLUNK

EXAMINER'S INITIALS:

*DK*  
*12/16/96*