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

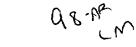
Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A23602**

M.L. PROPERTIES LTD.



FILED

97 NOV 24 AM 9: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



		CIA.			
Mailing Address C/O THE CUSTOM SHOP 401-412 ROUTE 23 FRANKLIN NJ 07416-0327 2. Mailing Address Sulte, Apt. #, etc. City & State	Principal Office Address C/O THE CUSTOM SHOP 401-412 ROUTE 23 FRANKLIN NJ 07416-0327 28. Principal Office Address Suite, Apt. #, etc.			3. Date Formed or Registered 11/18/1986 3a. Date of Last Report 01/24/1997 4. State or Country of Formation FL 6. FEI Number 59-2741474	5a. Capital Contributions as Shown on record. \$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable
Zip Country	City & State			7. Certificate of Status Desirco 8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See revorse side for fee Information)
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
PARKEY, WILLIAM D C/O ISLAND REALTY & PROPERTY MGN 139 NORTH COUNTY ROAD, SUITE 26 PALM BEACH FL 33480 10a. Pursuant to the provisions of sections 620,1001 for the purpose of changing its registered office agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	and 620, 192, Florida Statutes, the above-nar cor registered agent, or both, in the State of F lions of section 620, 192, Florida Statutes.	Suite, Apt. City red limited partriorida. Such cha	#, etc. nership organ nge was aut	norized by its general partner(s). I here DATE NERSHIP OR OTHE	by accept the appointment of registered
11. Name(s) of General Partner(s)	4-12 (F 6	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c. Registration/ Document Number
C.S. MIDLAND CORP.	402-412 ROUTE 23			FRANKLIN NJ 07416 F97000000396 3000023809230 -12/02/3701061023 ****156.25 ****156.25	
Note: General partners MAY No	OT be changed on this for	m; an am	endme	nt must be filed to cha	ange 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 legacy and accurate and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE .

Typed or Printed Name of General Yartner Signing Form

Considery DATE 11/14/97

. Daytime Telephone Number _

CR2E003 (6/97