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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

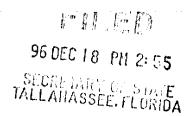


FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #



Name of Limited Partnership	"A26394"	A26394				
COPANS (PHASE I) ASSOCIA	ATES, LTD.	<u>.</u>] I HALIHIY KOLA KILIKA SIIRA SIIRA SIIRA KILIKA K	4 6 1 4 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 1	######################################	
Mailing Address **PREMIER ASSET MANAGEMENT, INC.	Principal Office Address *PREMIER ASSET MANAGEMENT, INC. 3113 NE 103ND STREET NORTH MIAMI BEACH FL 33150.		3. Date Formed or Registered 05/10/1988	5a. Capital Contributions as Shown on record. \$1,751,705.97 5b. Amount of Capital Contributions in FLORIDA		
9115 NG 163RD STREET NORTH MIAMI BEACH EL 22160			3a. Date of Last Report 10/09/1995			
2. Mailing Address 2100 Rock Central Blud	2a. Principal Office Address	1 Blud No.	4. State or Country of Formation	lo dale:		
Suite, Apt. #, etc. Suite 900 City & State	Suite, Apt. #, etc. Suite 900 City & State		6, FEI Number 65-0372636		Applied For Not Applicable	
Pampano Beach	Pempano Be	Pempano Beach			\$8.75 Additional Fee Required	
33064 Browar	4 3306H F	3000000	8. Make check payable to Dept. o	f State (See reverse		
9. Name and Address of Cui	rrent Registered Agent		10. If changed, new Registers	od Agent/Office		
PREMIER ASSET MANAGEMENT, INC. 3115 NE. 169RD 9T. NORTH MIAMI DOH:, FL-83166		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City City				
10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered offic agent. I am familiar with, and accept the obligation	ce or registered agent, or both, in the State of Flori		anized or registered under the laws of t	he State of Florida.	submits this statement	
SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA		IMITED PAR	TNERSHIP OR OTHE		SS ENTITY	
MU	<u>JST BE REGISTERED ANI</u>	D ACTIVE WI	TH THIS OFFICE.		Registration/	
11. Name(s) of General Partner(s)	11a. (Do NOT use Post Office Bo	Numbers) 11b.	City, State & Zip Code	11c. _c	ocument Number	
COPANS (PHASE I), INC.	2100 Park Central Suite 900	2100 Park Central Bludge Pa		V63786 - O394737' /9601066016 78.25 ****576.25		
			****S	78.25	***576.25	
Note: General partners MAY N	OT be changed on this form	; an amendme	ent must be filed to ch	ange a gen	eral 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 Statulos. 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