


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

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| LIMITED PARTNERSHIP ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
LR
12/13

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| 1. Name of Limited Partnership VALENCIA PLANTATION ASSOCIATES, LTD. | 1a. DOCUMENT # A29954 |
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96 DEC 13 AM 10:14


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| Mailing Address % PERR MANAGEMENT CO., INC. 6 PPG PLACE, SUITE 1110 PITTSBURGH PA 15222 | Principal Office Address % PERR MANAGEMENT CO., INC. 6 PPG PLACE, SUITE 1110 PITTSBURGH PA 15222 |
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| 3. Date Formed or Registered 04/20/1990 | 5a. Capital Contributions as Shown on record. \$1,650,000.00 |
| 3a. Date of Last Report 02/19/1996 | 5b. Amount of Capital Contributions in FLORIDA to date. |

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| 2. Mailing Address 650 Alpha Drive Suite, Apt. #, etc. | 2a. Principal Office Address 650 Alpha Drive Suite, Apt. #, etc. |
| City & State Pittsburgh PA | City & State Pittsburgh PA |
| Zip PA 15238 | Zip 15238 |

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| 4. State or Country of Formation FL | 6. FEI Number 59-3005188 |
| 7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | 8. Make check payable to: Dept. of State (See reverse side for fee information) |

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| 9. Name and Address of Current Registered Agent COCKEY, PRESTON O., JR. ONE TAMPA CITY CENTER SUITE 2100 TAMPA FL 33602 |
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| 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 500002042645---3 Suite, Apt. #, etc. -12/31/96--01086--015 City ****576.25 Zip Code FL |
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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) _____ 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 (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|-----------------------------------|---------------------------------------------------------------------------|-----------------------------|------------------------------------|
| PERR, JOEL S. | 6 PPG PLACE, #1100 | PITTSBURGH PA | |

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 [Signature] DATE _____
 Typed or Printed Name of General Partner Signing Form Joel S. Perr Daytime Telephone Number 412-943-9060

CR2E003 (6/96)