


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 28 AM 8:32

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership RICHARDS & ASSOCIATES, LTD. 92-1, A CALIFORNIA LIMITED PARTNERSHIP		1a. DOCUMENT # A32883	
Mailing Address 1029 STATE STREET SANTA BARBARA CA 93101		Principal Office Address 1029 STATE STREET SANTA BARBARA CA 93101	
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 04/28/1992	
		3a. Date of Last Report 12/01/1997	
		4. State or Country of Formation CA	
		5a. Capital Contributions as Shown on record. \$1,700,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date.	
		6. FEI Number 77-0306100	
		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	



01112

9. Name and Address of Current Registered Agent TANEN, JEFFREY S. ONE BISCAYNE TOWER, SUITE 3250 TWO SOUTH BISCAYNE BOULEVARD MIAMI FL 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State: FL Zip Code	
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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
RICHARDS, MAURICE F.	1029 STATE STREET	SANTA BARBARA CA 9310	300002740203--8 -01/13/99--01072--024 *****526.25 *****526.25
RICHARDS, STANTON	1029 STATE STREET	SANTA BARBARA CA 9310	
RICHARDS, RHOELLE	1029 STATE STREET	SANTA BARBARA CA 9310	

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 *Rhodelle Richards* DATE 12-23-98
 Typed or Printed Name of General Partner Signing Form RHOELLE RICHARDS Daytime Telephone Number (805) 963-6688

CR2E003 (8/88)