

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 10 AM 9:03 *with 1/16*



1. Name of Limited Partnership
COMMUNITY INVESTORS, LTD.

1a. DOCUMENT #
A95000000736

Mailing Address P.O. BOX 3516 SEMINOLE FL 34645	Principal Office Address 8001 STIMIE AVENUE N. ST. PETERSBURG FL 33710
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33775 Country	Zip Country

3. Date Formed or Registered 05/08/1995	5a. Capital Contributions as Shown on record. \$30,000.00
3a. Date of Last Report 12/11/1995	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 30,000.00
6. FEI Number 59-3313089	<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)	

9. Name and Address of Current Registered Agent
**HOFSTRA, PETER T
8640 SEMINOLE BLVD.
SEMINOLE FL 34642**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City **FL** Zip Code

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
HAPPY HOMES, INC. OF PINELLA	P.O. BOX 3516	LARGO FL 34643	521616
		300002062523--9	-01/17/97--01118--014
		***210.00	***210.00
		300002062523--9	-01/17/97--01118--015
		***138.75	***138.75

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 the reports required by chapter 60A, Florida Statutes.

SIGNATURE *[Signature]* Pres. Happy Homes Inc of Pinellas County DATE **12-2-96**

Typed or Printed Name of General Partner Signing Form **Sheldon L. Rothman** Daytime Telephone Number **813 398-7866**

CR2E003 (6/96)