

**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 Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 20 PM 2:01

* 12/27



1. Name of Limited Partnership
1a. DOCUMENT #
A96000001283

THE HATTERAS APARTMENTS, LTD.

2. Mailing Address
13230 POLO CLUB ROAD, A-106
WELLINGTON FL 33414

2a. Principal Office Address
503 S.E. 20 AVENUE, #6-B
BOYNTON BEACH FL 33435

3. Date Formed or Registered
07/01/1996

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
\$300,000.00

5b. Amount of Capital Contributions in FLORIDA to date.

2. Mailing Address
2337 GOLF BROOK DRIVE

Suite, Apt. #, etc.

City & State
WELLINGTON, FL

Zip
33414 Country

6. FEI Number
59-1740355 Applied For Not Applicable

7. Certificate of Status Desired **\$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

ROSEN, PAUL
~~13230 POLO CLUB ROAD, A-106~~
WELLINGTON FL 33414

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Numbers Not Permitted)
2337 GOLF BROOK DRIVE

Suite, Apt. #, etc.

City
WELLINGTON FL Zip Code
33414

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
THE HATTERAS APARTMENTS, INC	C/O PAUL ROSEN 13230 2337 GOLF BROOK DRIVE	WELLINGTON FL 33414	P96000041487
			600002042916--7 -01/02/97--01006--018 ***576.25 ***576.25

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 Paul Rosen DATE 12-16-96

Typed or Printed Name of General Partner Signing Form PAUL ROSEN Daytime Telephone Number 561-790-5958

CR2E003 (6/96)