

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
 WILL BE SUBJECT TO PENALTY OF \$500 PER DAY

B96000000478

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
 ANNUAL REPORT
 1997

FLORIDA DEPARTMENT OF STATE
 Sandra Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

1. Name of Limited Partnership
 Del Mar Village Limited Partnership

1a. DOCUMENT #
 B96000000478

Mailing Address 5454 Wisconsin Avenue Suite 1265 Chevy Chase, MD 20815	Principal Office Address SAME AS MAILING ADDRESS
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 December 12, 1996	5a. Capital Contributions as Shown on record. \$100.00
3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date. \$100.00
4. State or Country of Formation Delaware	
6. FEI Number 52-197141 1	<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

CT Corporation System
 c/o CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324

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
Del Mar Village, Inc.	5454 Wisconsin Ave. Suite 1265	Chevy Chase, MD 20815	F960000006499
RB Del Mar, Inc.	Four Keys Enterprises 300 West 43rd Street 4th Floor	New York, NY 10036	F960000006498

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MP 12/24

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.

DEL MAR VILLAGE, INC., MANAGING GENERAL PARTNER

SIGNATURE _____ DATE 19 Dec 96
 Michael D. Rubin, President Daytime Telephone Number 301/951-8811

Typed or Printed Name of General Partner Signing Form _____

CR2E003 (6/96)