

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

12.30
56 02:17 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
1a. DOCUMENT #
A29654

GREENLEAF VENTURE ASSOCIATES, LTD.



12/19

2. Mailing Address 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH FL 33401	2a. Principal Office Address 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH FL 33401
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

3. Date Formed or Registered 02/12/1990	5a. Capital Contributions as Shown on record \$256,000.00
3a. Date of Last Report 12/13/1995	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date \$256,000.00
6. FEI Number 65-0193143	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired X	\$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

E. LLWYD ECCLESTONE JR.
1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401

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

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
FAIRWAY PROPERTY CO.	1555 PLM BCH LKS BL#1	WEST PALM BEACH FL	M91822
BBC ASSOCIATES, INC.	120 S. LASALLE STREET	CHICAGO IL	G01178

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.

BY: **FAIRWAY PROPERTY CO.**
SIGNATURE _____ DATE **12/12/96**
Typed or Printed Name of General Partner Signing Form: **Ron Cooper - Executive Vice President** Daytime Telephone Number: **561/686-2000**

CR2E003 (6/96)