

**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
 96 NOV -4 PH12:11

1. Name of Limited Partnership	1a. DOCUMENT # A30558
THE FAIRWAYS GROUP OF DELAWARE LIMITED PARTNERSH IP	




Mailing Address 9540 CENTER ST SUITE 300 MANASSAS VA 22110	Principal Office Address 9540 CENTER ST SUITE 300 MANASSAS VA 22110	3. Date Formed or Registered 09/05/1990	5a. Capital Contributions as Shown on record. \$99.00
		3a. Date of Last Report 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation DE	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 54-1534085 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip 20110 Country	Zip 20110 Country		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. 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.

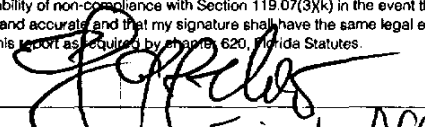
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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) THE FAIRWAYS GROUP ASSOCIATE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9540 CENTER ST., SUT	11b. City, State & Zip Code MANASSAS VA 22110	11c. Registration/Document Number G93138900038
200002002972--2 -11/13/96--01109--022 ****191.25 ****191.25			
			

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  DATE **9/23/96**
 Typed or Printed Name of General Partner Signing Form **Eric L. Affeldt** Daytime Telephone Number **703-330-5300**

CR2E003 (6/96)