


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	
1. Name of Limited Partnership 1992-N1 FLORIDA ASSOCIATES LIMITED PARTNERSHIP		1a. DOCUMENT # B95000000076	
Mailing Address AMRESO C/O ARMESCO MANAGEMENT, INC. 5310 HARVEST HILL RD., STE. 210, L.D. 120 DALLAS TX 75230-5005		Principal Office Address AMRESO C/O ARMESCO MANAGEMENT, INC. 5310 HARVEST HILL RD., STE. 210, L.D. 120 DALLAS TX 75230-5005	
2. Mailing Address 700 North Pearl Street		2a. Principal Office Address 700 North Pearl Street	
Suite, Apt. #, etc. 2400		Suite, Apt. #, etc. 2400	
City & State Dallas, Texas		City & State Dallas, Texas	
Zip Country 75201-7424 USA		Zip Country 75201-7424 USA	
3. Date Formed or Registered 03/06/1995		5a. Capital Contributions as Shown on record \$1,092,000.00	
3a. Date of Last Report 12/22/1995		5b. Amount of Capital Contributions in FLORIDA to date: \$1,233,570.00	
4. State or Country of Formation DE		6. FEI Number 75-2587490 <input type="checkbox"/> Applied For <input 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD TALLAHASSEE 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) 1992-N1 FLORIDA GP CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O 5310 HARVEST HILL AMRESO Manage- ment, Inc. 700 N. Pearl Street	11b. City, State & Zip Code DALLAS TX 75230 DALLAS, TX 75201-7424	11c. Registration/ Document Number F95000001059
000002039710--5 -12/27/96--01075--022 ***1567.24 ***576.25 <i>Dec</i>			
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 X <i>Allyn S. Patrick</i>		DATE 12/4/96 1992-N1 Florida GP Corp. Daytime Telephone Number 214/953-7700	
Typed or Printed Name of General Partner Signing Form Allyn S. Patrick, Secy. of			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 18 AM 11:05



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