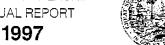
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

OC DEC 27 AMIL: 15



1001	DIVISION OF C	OHPOHATION	is 30 DEC 21 A	mili. 10	1,00	
1. Name of Limited Partnership	1a. DOCUM A20023	IENT#				
EXCHANGE BUILDING, LTD.	7 120020					
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Çapita	l Contributions as	
201 S. MONROE ST. SUITE 500	201 S. MONROE ST. SUITE 500 TALLAHASSEE FL 32301 2a. Principal Office Address		05/29/1985	5a. Capital Contributions as Shown on record. \$4,800.00 5b. Amount of Capital Contributions in FLORIDA to date		
TALLAHASSEE FL 32301			3a. Date of Last Report 12/26/1995			
2. Mailing Address			4. State or Country of Formation			
			FL			
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FE Number 59-2606070		Applied For Not Applicable	
·			7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8. Make check payable to. Dept. o	f State (See reve		
9. Name and Address of Current i	Registered Agent		10. If changed, new Registers	d Agent/Office		
MILLER, WILTON R.		Name				
201 S. MONROE ST.		Street Address (P.O. Box Number Is Not Acceptable)				
SUITE 500						
TALLAHASSEE FL 32301		Suite, Apt. #	, etc.			
		City FL Zip Code		Zip Code		
10a. Pursuant to the provisions of sections 620,1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations	egistered agent, or both, in the State of Flo	ed limited partne orida. Such chan	ership organized or registered under the laws of t ge was authorized by its general partner(s). I her	he State of Fioric eby accept the	ia, submits this statement appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)			DATE		7	
A GENERAL PARTNER THAT I	S A CORPORATION, I BE REGISTERED AN	LIMITED ID ACTIV	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office E	al Partner Sox Numbers)	11b. City, State & Zip Code	11c.	Registration/ Document Number	
MILLER, WILTON R.	201 S. MONROE ST. #50		TALLAHASSEE FL		:	
OLIVE, W. ROBERT	201 S. MONROE ST. #50		TALLAHASSEE FL			
			500002 -01/08	요토모f	1952	
1				91.25	****191.25	
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Note: Concret partners MAY NOT	la a - la a sa sa al - a - al - la - d		and an and an and by the state of			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 significure 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 exempt this appoint as required by chapter 620, florida Statutes.

SIGNATURE.

12/26/96

DATE.