


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 HOLIFIELD ARMS APARTMENTS, LTD.		1a. DOCUMENT # A03299			
Mailing Address 110 LINCOLN ST. TALLAHASSEE FL 32301		Principal Office Address 110 LINCOLN ST. TALLAHASSEE FL 32301		3. Date Formed or Registered 12/01/1972	
				3a. Date of Last Report 10/09/1995	
				4. State or Country of Formation FL	
2. Mailing Address		2a. Principal Office Address		5a. Capital Contributions as Shown on record. \$12,325.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5b. Amount of Capital Contributions in FLORIDA to date	
City & State		City & State		6. FEI Number 59-1450628 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip		Country		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)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 20 PM 1:41



9. Name and Address of Current Registered Agent HOLIFIELD, MILLICENT 110 LINCOLN STREET TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office GSH	
		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) Millicent Holifield DATE 12-18-96

**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) HOLIFIELD, MARILYN J	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) X HOLLAND & KNIGHT 1915 Brickell Ave # 801 Miami, FL 33129	11b. City, State & Zip Code MIAMI FL 33131	11c. Registration/Document Number 500002041895-5 -12/31/96--01029-011 ****225.06 ****225.06
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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 Marilyn Holifield DATE 11/14/96
Typed or Printed Name of General Partner Signing Form Marilyn Holifield Daytime Telephone Number 305 789 7730

CR2E03 (6/96)