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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



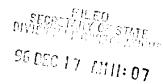
FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A05584**





BROOK PLAZA PARTNERS,	A LIMITED PARTNERS	SHIP	7 1981817 (BUT BRID) WITER BUTCH 19911 BUBLY	
			CD12/20	
Mailing Address Principal Office Address C/O THE BRANDYWINE CROUP. INC. C/O THE BRANDYWINE GROUP		·	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
		I P	02/03/1977	\$294,990.00
R.O. BOX 500 CHADDS FORD PA 18317	BRANDYWINE ONC. SUITE 400 CHADDS FORD PA 19317		3a, Date of Last Report 03/01/1996	WEST,000,00
				5b. Amount of Capital
			4. State or Country of Formation	Coult buttons in FLORIDA to date
2. Mailing Address	2a. Principal Office Address		PA	\$ 294, 990.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable
P.O. Box 999 City & State	P.O. Box 999	City & State		
			7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip Country		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 S. PINE ISLAND ROAD		10. If changed new Registered Agent/Office		
		Street Address (P.O. Box Number Is Not Acceptable)		
		City		FL Zip Code
10a. Pursuant to the provisions of sections 620 105			ership organized or registered under the laws of	the State of Floridal submits this statement
agent. I am familiar with, and accept the oblig-		-iorida Such Crian	ge was aumorized by its general partner(s). Thi	creby accept the appointment of registered
A GENERAL PARTNER THA		LIMITED	PARTNERSHIP OR OTH	_ <u>:-</u>
M	JST BE REGISTERED A	ND ACTIV	E WITH THIS OFFICE.	EN BOOMEOU ENTITY
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	eral Partner Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BRANDYWINE CORPORATION	BRANDYWINE ONE. SUITE		CHADDS FORD PA 19317	852350
1	2 Pond's Edge	Drive		
`_	_			
₹		ļ	12.72	**************************************
			推 化 學 作	[1004] [10] [10] [10] [10] [10] [10] [10] [10
	1			

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 filling 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-corrupt ance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public ancess. I further certify that the information indicated on this annual report is true and accurate and that my 1 greature shall have the same legal effects as it 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 charter \$1.00 to \$1.0

SIGNATURE ...

Typed or Printed Name of General Partner Signing Form. Bruce E. Moore

DATE :

DEC | | 1996

Daytime Telephone Number (616) 388-9660