

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 15 AM 10:20

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

1. Name of Limited Partnership P-1179, LTD.	1a. DOCUMENT # A07573
---	---------------------------------



Mailing Address -P.O. BOX 800- PALM HARBOR FL 34682-0800-		Principal Office Address 1050 EAST LAKE WOODLANDS PARKWAY OLDSMAR FL 34677		3. Date Formed or Registered 06/06/1979	5a. Capital Contributions as Shown on record \$10,000,000.00
2. Mailing Address 520 Broad Street		2a. Principal Office Address		3a. Date of Last Report 11/07/1995	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc. R.E.I.D. - 11th Floor		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State Newark, N.J.		City & State		6. FEI Number 59-1966241	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 07102-3111		Country		7. Certificate of Status Desired <input checked="" 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 DEAS, WILLIAM J. 2215 RIVER BLVD. JACKSONVILLE FL 32204	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) METRO JV, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 520 BROAD STREET	11b. City, State & Zip Code NEWARK NJ	11c. Registration/Document Number F94000002853
--	--	---	--

600001989386--0
-10/29/96--01146--003
****585.00 ****585.00
du5/ KIRBY

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 _____

Jay A. Koerber, Vice President, Metro JV, Inc.

DATE **9/24/96**

Typed or Printed Name of General Partner Signing Form: **JAY A. KOERBER**

Daytime Telephone Number **201-481-8527**

CR2E003 (6/96)