

**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

FILED
96 OCT 29 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A08984

NEIGHBORHOOD DEVELOPMENT, LTD.



Mailing Address
**7425 SW 42 ST.
MIAMI FL 33155**

Principal Office Address
**7425 SW 42 ST.
MIAMI FL 33155**

3. Date Formed or Registered
06/09/1980

5a. Capital Contributions as
Shown on record
\$494,100.00

3a. Date of Last Report
11/28/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
FL

Suite, Apt #, etc.

Suite, Apt #, etc.

6. FEI Number
59-2081004

Applied For
 Not Applicable

City & State

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

**MURPHY, LINDA
7425 SW 42 ST.
MIAMI FL 33155**

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, submit 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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

PROJECT ADVISERS CORP.

7425 S.W. 42ND STREET

MIAMI FL

476006

**600001993726--1
-11/01/96--01023--001
****578.25 ****576.25**

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 exempt on 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

Linda F. Murphy
LINDA F. MURPHY

DATE

10/24/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(305) 266-5920

CP2E003 (6/96)