


**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 Northam Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SPANISH OAKS PARTNERS, LTD.		1a. DOCUMENT # A09630	
Mailing Address * PARKEMORE CORPORATION P. O. BOX 500 SUITE 300 BRANDYWINE ONE CHADDS FORD PA 19317		Principal Office Address * PARKEMORE CORPORATION P. O. BOX 500 SUITE 300 BRANDYWINE ONE CHADDS FORD PA 19317	
2. Mailing Address Suite, Apt. #, etc. P.O. Box 999 City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. P.O. Box 999 City & State Zip Country	
3. Date Formed or Registered 11/18/1980		5a. Capital Contributions as Shown on record \$660,000.00	
3a. Date of Last Report 10/10/1995		5b. Amount of Capital Contributions in FLORIDA to date: \$ 660,000.00	
4. State or Country of Formation PA		6. FEI Number 51-0237113	
7. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 17 AM 9:35



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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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) BRANDYWINE CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) STE 300 BRANDYWINE ONE 2 Pond's Edge Drive	11b. City, State & Zip Code CHADDS FORD PA	11c. Registration/Document Number 852350

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 630, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Bruce E. Moore

DATE

DEC 11 1996

Daytime Telephone Number

(610) 388-9600

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