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

LIMITED PARTNERSHIP ANNUAL REPORT **1997**



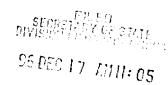
FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A10250**





| CARDINAL PARTNERS, A PENNSYLVANIA LIMITED PARTNE RSHIP | | | E LUDREST (100) (100) (100) | L 1893/8/1 1887 1987 8 80/0 (1887 8)/11 88/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 | |
|---|---|--|--|--|--|
| | | | 9/12/20 | | |
| failing Address Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record | | |
| * PARKEMORE CORPORATION | % PARKEMORE GO | | 03/24/1981 | \$300,000.00 | |
| P. O. BOX 500. SUITE 300. BRANDYWINE ONE CHADOS FORD PA 19317 | CHADDS FORD PA | te 300. Brandywine o ni 19317 | 3a. Date of East Report 10/10/1995 | | |
| | | | 4. State or Country of Formation | 5b. Amount of Capital Contributions in Ft OHIDA to date | |
| 2. Mailing Address | 2a. Principal Office | 2a. Principal Office Address | | \$ 300,000.00 | |
| Suite, Apt. #, etc. P.O. Box 999 | | P.O. Box 999 | | Applied For Not Applicable | |
| Cily & State | City & State | • | 7. Certificate of Status Desired | | |
| Zip Country | Zip | Country | Certificate bi Status Desired | \$8.75 Additional Fee Required | |
| | <u></u> | | 8. Make check payable to Dept | 8. Make check payable to Dept of State (See reverse's de for fee information) | |
| 9. Name and Address of Current Registered Agent | | | 10. If changed, new Reg stered Agent/Office | | |
| C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | Name | Name | | |
| | | Street Addre | Street Address (P.O. Box Nurr ber Is Not Acceptable) | | |
| | | Suite Apt # | Suite Apt #. etc | | |
| | | City | City Zip Code | | |
| | | | | FL The same and th | |
| agent. I am familiar with, and accept the obl- | lice or registered agent for both, in It gations of section 620-192, Florida S | ië State of Florida. Such chan | ge was authorized by its general partner(s) Th | nereby accept the appointment of registered | |
| SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH | | TION LIMITED | | IED BUCINECC ENTITY | |
| · M | UST BE REGISTER | RED AND ACTIV | E WITH THIS OFFICE. | IEN BUSINESS ENTITY | |
| 11. Name(s) of General Partner(s) | 11a. (Do NOT Use | Fach General Partner Post Office Box Numbers) | 11b. City State & Zip Code | 11c. Registration/ Document Number | |
| NEW CASTLE COMPANY (THE) S#300 BRANDYW 2 Pond's Ed | | DYMINE ONE | CHADDS FORD PA G93109900005 | | |
| | | Edge Drive | | | |
| • | at total | | 5.616163636 -1277 **** | 71 1 574 15-16 (5) | |
| | | | | | |
| | | | | | |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Indo 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 if release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the exent that the information supplied is deemed exemptifying public access in further certify that the information indicated on this annual report is true and accurate and that my steps are 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 trusted empowered to execute this report as exfured by officially 620. The states of the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as exfured by officially 620. The states of the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as exfured by officially 620. The states of the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as exfured by official executed the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership.

SIGNATURE -

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

DATE

DEC | | 1996

Daytine Telephone Number _ (610) 388 -9600

CHZE003 (6/96)