

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

FILED

96 OCT -3 PM 3: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. Name of Limited Partnership	1a. DOCUMENT # A10579
MOBILE HOME PARK ASSOCIATES, LIMITED PARTNERSHIP	



Mailing Address 2001 WILSHIRE BLVD., STE. 216 SANTA MONICA CA 90403		Principal Office Address 2001 WILSHIRE BLVD., STE. 216 SANTA MONICA CA 90403		3. Date Formed or Registered 06/02/1981	5a. Capital Contributions as Shown on record \$5,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 09/25/1995	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc		Suite, Apt. #, etc		4. State or Country of Formation CA	
City & State		City & State		6. FE Number 95-3562660	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input 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 SQUITERO, JOHN 2699 S. BAYSHORE DR. SUITE 700A MIAMI FL 33133	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

9/17/96

**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) RPMH, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2001 WILSHIRE BLVD #2	11b. City, State & Zip Code SANTA MONICA CA 90403	11c. Registration/ Document Number P33036
200001970142 -10/10/96--01019--002 ****191.25 ****191.25			

**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 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

DATE

9/11/96

Typed or Printed Name of General Partner Signing Form

WM. MALAT - U.P.O.P. GEN. MTR.

Daytime Telephone Number

(310) 829-2921

CR2E003 (6/96)