

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


1042-19/VP

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1042-19/VP

LIMITED PARTNERSHIP ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership EVERGLADES ROAD ASSOCIATES, LTD.		1a. DOCUMENT # A11903	



Mailing Address P. O. BOX 49948 SARASOTA FL 34230-6948		Principal Office Address P. O. BOX 49948 SARASOTA FL 34230-6948		3. Date Formed or Registered 01/07/1982	5a. Capital Contributions as Shown on record. \$1,620,555.57
				3a. Date of Last Report 01/02/1996	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$1,620,555.57
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-2151176	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$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 RUSSELL, JEFFREY S. 240 SOUTH PINEAPPLE AVE 10TH FLOOR SARASOTA FL 34236		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 620.105(1) 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) TARUE CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) P. O. BOX 49948 N/A	11b. City, State & Zip Code SARASOTA FL 34230	11c. Registration/Document Number F42877
000002054550--5 -01/10/97--01096--008 ****576.25 ****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 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

David S. Band, Director, Tarue Corp., a Florida corporation,
Typed or Printed Name of General Partner Signing Form

DATE

12/10/96

Daytime Telephone Number

941/366-6660