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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -2 AM 11:18

1. Name of Limited Partnership

1a. DOCUMENT # A12110

MANDALAY ASSOCIATES LIMITED PARTNERSHIP

BK 1/8/97

Mailing Address	Principal Office Address
% PROPERTY ASSET MANAGEMENT	% PROPERTY ASSET MANAGEMENT
4919 MEMORIAL HWY., STE 100	4919 MEMORIAL HWY., STE 100
TAMPA FL 33634	TAMPA FL 33634
Property Advisors, Inc.	Property Advisors, Inc.
2. Mailing Address: 5421 Beaumont Center Blvd.	2a. Principal Office Address: 5421 Beaumont Center Blvd.
Suite, Apt. #, etc.: Building 6, Suite 685	Suite, Apt. #, etc.: Building 6, Suite 685
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33634 Country: U.S.A.	Zip: 33634 Country: U.S.A.

3. Date Formed or Registered: 02/22/1982

3a. Date of Last Report: 12/22/1995

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $8,137,066.78

5b. Amount of Capital Contributions in FLORIDA to date: 8,137,066.78

6. FEI Number: 36-3176881 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$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	10. If changed, new Registered Agent/Office
SOLLINGER, MICHAEL L 4919 MEMORIAL HWY., STE 100 TAMPA FL 33634	Name: Sollinger, Michael L. Street Address (P.O. Box Number Is Not Acceptable): 5421 Beaumont Center Blvd. Suite, Apt. #, etc.: Building 6, Suite 685 City: Tampa FL Zip Code: 33634

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
WASHLOW, ROBERT J.	222 N. LASALLE, #2500	CHICAGO IL	
PATTIS, DAVID L.	7366 N. LINCOLN AVE.	LINCOLNWOOD IL	
CHERTOW, SHELDON	30 N. LASALLE ST ~~#300~~ 3200	CHICAGO IL	

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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 12-30-96

Typed or Printed Name of General Partner Signing Form: SHELDON CHERTOW Daytime Telephone Number: 312 332 3400

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