

**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  
96 DEC 27 PM 4:01

1. Name of Limited Partnership

1a. DOCUMENT #  
**A12244**

**CANTERBURY HOUSE APARTMENTS, A LIMITED PARTNERSHIP**



Mailing Address

Principal Office Address

2951 28TH STREET  
SUITE 2040  
SANTA MONICA CA 90405

8330 WOODFIELD CROSSING BLVD.  
P.O. BOX 40177  
INDIANAPOLIS IN 46240

3. Date Formed or Registered

03/12/1982

5a. Capital Contributions as Shown on record

\$0.00

3a. Date of Last Report

01/16/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

IN

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

35-1642277

Applied For  
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$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

**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 Numbers Not Permitted)

800002048296--8

Suite, Apt. #, etc.

01/07/97 01100-005

\*\*\*\*191.25 \*\*\*\*191.25

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)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

J & I MONITORING, INC.

2951 28TH ST. #2040

SANTA MONICA CA 90405

F93000001580

**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

12-23-96

Typed or Printed Name of General Partner Signing Form

Mitchell Stein

Daytime Telephone Number

310 452 8624

CRE003 (6/96)