

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

①

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 16 AM 10:26

1. Name of Limited Partnership

1a. DOCUMENT #  
A12379

HUTTON/CONAM REALTY INVESTORS 81 LTD.



NYC 12/16/96

900002029369--3

Mailing Address

670 T.S.S.O.  
POST OFFICE BOX 1527  
BOSTON MA 02104-1527

Principal Office Address

670 T.S.S.O.  
POST OFFICE BOX 1527  
BOSTON MA 02104-1527

3. Date Formed or Registered

04/13/1982

5a. Capital Contributions as  
Shown on record.

\$39,145,000.00

3a. Date of Last Report

10/02/1995

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

4. State or Country of Formation

CA

6. FEI Number

13-3069026

☐ 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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name  
The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number Is Not Acceptable)  
1201 Hays St

Suite, Apt. #, etc.

City  
Tallahassee

FL 32301

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)

Vicki Schaefer, Asst Vice President

12/12/96

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)

RI 81 REAL ESTATE SERVICES,  
CONAM PROPERTY SERVICES

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

91 ST. JAMES AVE.  
53 STATE ST  
1764 SAN DIEGO AVE

11b. City, State & Zip Code

BOSTON MA  
SAN DIEGO CA

11c. Registration/  
Document Number

F83000000727  
P03144

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

Eileen M. Bannon

DATE 12/9/96

212-526-2327

Typed or Printed Name of General Partner Signing Form

Eileen M. Bannon, Asst Secy

Daytime Telephone Number

CR2E003 (6/96)

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2607

800-342-8086

904-222-9171  
904-222-XXXX FAX

**CSC networks**

PRENTICE HALL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 164311 7110343

AUTHORIZATION : *Patricia Pizjuts*

COST LIMIT : \$ 576.25

ORDER DATE : November 21, 1996

ORDER TIME : 4:21 PM

ORDER NO. : 164311-035

CUSTOMER NO: 7110343

CUSTOMER: Mr. Scott Bridges  
First Data Investor Services  
53 State Street  
Mail Zone Bos 710  
Boston, MA 02109

*900000202 9369*

ANNUAL REPORT FILING

NAME: HUTTON/CONAM REALTY INVESTORS  
81 LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Margie Diaz~~ **M. KLUNK**

EXAMINER'S INITIALS: *AK*

*12/16/96*

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