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

1. Name of Limited Partnership

1a. A12619 SCORETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 20 PM U 15



POBOX 490 PANAMA CITY FL 32402 2. Mailing Address P.O.BOX 490 PANAMA CITY FL 32402 2. Mailing Address P.O.BOX 490 PANAMA CITY FL 32402 3. Date of Leaft Report 03/07/1996 5. Country of Formation FL 4. State or Country of Formation FL 5. FL Number 59-2259450 7. Certificate of Status Desired Registered Agent P.O. Box Name and Address of Current Registered Agent P.O. Box Number is Not Acceptable. 9. Name and Address of Current Registered Agent PANAMA CITY FL 32401 10. If changed, new Registered Agent Street Address (P.O. Box Number is Not Acceptable.) Suite, Apt #. etc. City 10. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named insted partnership organized or registered under the laws of the State for the purpose of changing its registered office or registered agent, or both, in the State of Flor dia Such change was authorized by its general partner(s). I hereby acagent, I am familiar with, and accept the obligations of section 670 192. Florida Statutes A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11. Name(s) of General Partner(s) 11. Name(s) of General Partner(s) 11. Cay, State & Zip Code	18 1811 DIRFI BIBNI BIBNI BIBNI BIBNI BIBNI BIBNI BIBNI	. 1 1661011 1161 11610 11610 11611 1161		S, LTD.	DWIN VILLAGE APARTMEN'	BALDWIN VILI
3a. pate of Last Report 03/07/1996 2. Mailing Address 2a. Principal Office Address 5b. 4. State or Country of Formation FL Suite, Apt. #, etc. City & State City & State City & State 7. Certificate of Status Desired 8. Make check payable to Dapt of State 9. Name and Address of Current Registered Agent TENNYSON, GARY W 659 JENKS AVENUE, SUITE E PANAMA CITY FL 32401 Street Address (P.O. Box Number is Not Acceptable) Sure, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Sure, Apt. #, etc. City 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 for the purpose of changing its registered diffice or registered agent, or both, in the State of Flor da. Such change was authorized by its general partner(s). I hereby accepts. I am familiar with, and accept the obligations of section 620 192. Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER MUST BE REGISTERED AND A CTIVE WITH THIS OFFICE, 11a. Name(s) of General Partner(s) 11b. City, State & 2 p Code	5a. Capital Contributions as Shown on record \$40,000.00	7 -	·····	P.O.BOX 490	BOX 490	P.O.BOX 490
2a. Principal Office Address Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State City & State City & State Zip Country Zip Country Tennyson, Gary W 659 JENKS AVENUE, SUITE E PANAMA CITY FL 32401 10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statules, the above-named limited partnership organized or registered under the laws of the State of the purpose of changing its registered diffice or registered agent, or both, in the State of Flor da Such change was authorized by its general partner(s). I hereby ac agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes. Signature (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER EMUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Do NOT Use Post Office Box Numbers) 11b. City. State & Zip Code	5b. Amount of Capital Contributions in FLORIDA	3a. Date of Last Report 03/07/1996		• · · · •	· · · · · · · · · · · · · · · · · · ·	
City & State Zip Country Zip Country Zip Country R. Make check payable to Dept of State 9, Name and Address of Current Registered Agent TENNYSON, GARY W 659 JENKS AVENUE, SUITE E PANAMA CITY FL 32401 Sure, Apt #, etc City Title purpose of changing its registered office or registered agent, or both, in the State of Flor da. Such change was authorized by its general partner(s). I hereby ac agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 118. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code	to date:			2a. Principal Office Address	Mailing Address	2. Mailing Address
Zip Country Zip Country To Countr	Applied For Not Applicable					City & State
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent TENNYSON, GARY W 659 JENKS AVENUE, SUITE E PANAMA CITY FL 32401 Suite, Apt. If, etc City 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 Stat for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). It hereby ac 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 E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code	\$8.75 Additional Fee Required					
TENNYSON, GARY W 659 JENKS AVENUE, SUITE E PANAMA CITY FL 32401 Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City 10a. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Stalutes, the above-named limited partnership organized or registered under the laws of the State for the purpose of changing its registered office or registered agent, or both, in the State of Flor da. Such change was authorized by its general partner(s). I hereby ac 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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code	<u></u>	8. Make check payable to Dept of S	Country	Zip	Country	Zip
Street Address (P.O. Box Number Is Not Acceptable) PANAMA CITY FL 32401 Suite, Apt #, etc City 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 for the purpose of changing its registered office or registered agent, or both, in the State of Flor da. Such change was authorized by its general partner(s). I hereby accept the foliagations of section 620 192. Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code	Agent/Olfice	10. If changed, new Registered		gistered Agent	9, Name and Address of Current Re	9.
tor the purpose of changing its registered office or registered agent, or both, in the State of Flor da. Such change was authorized by its general partner(s). I hereby ac 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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE, 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code	Sure, Apt. #, etc.			659 JENKS AVENUE, SUITE E		
	y accept the appointment of registered	DATE	Flor da Such change was a	stered agent, or both, in the State of F section 620 192, Florida Statutes	for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of ATURE (Registered Agent Accepting Appointment) GENERAL PARTNER THAT IS	for the purpose of agent. I am famili SIGNATURE (Registered A
LE. THOMAS INVESTMENT CORPO 2251 W. 23RD ST. PANAMA CITY FL 8000204-12/27/96***47156.	11c. Registration/ Document Number	City, State & Zip Code	neral Partner e Box Numbers) 11b.	11a. Address of Each Gene (Do NOT Use Post Office	Name(s) of General Partner(s)	11. Name(s) of Ge
8000204 -12/27/96 **47156.	293477	PANAMA CITY FL	P	2251 W. 23RD ST.	L.E. THOMAS INVESTMENT CORPO	L.E. THOMAS I
	0401982 /9601139001 56.07 ****427.50	8000 20 -12/27/ **4719				
	283477 0401982 796-01139-001 56.07 ****427.50 4815-05	3				

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 period as required by chapter 620 Florida Statutes.

SIGNATURE __

Typed or Printed Name of General Partner Signing Form L. E. Thomas Inves. Com

DATE 12/19/96

Daytime Telephone Number _(904) 769-8981