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

DOCUMENT# 1a. **Δ13000**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC -3 AMII: 19

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	A10099			(B. 1861
TERRA CENTER ASSOCIA	RA CENTER ASSOCIATES, LIMITED PARTNERSHIP			
			1 3x /2	2/5/94
lailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
SUITE-050: 1 ALLECHENY CENTER PITTSBURGH PA 15212	Suite 650: 1 Alleghent Cen Pittsburgh Pa 15212	ITER	09/03/1982 3a. Date of Last Report	\$2,148,000.00
			10/03/1995	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	Principal Office Address		4. State or Country of Formation	°2,148,000.∞
Suite Apt. #, etc.	CORE TRATESHOMY Suite-Apt. #, etc.	Shraw	6. FEI Number	Applied For
City & State	City & State		25-1423874	Not Applicable
Zip Country	Ζιρ	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
LIP Coontry	Z.P		8. Make check payable to: Dept	of State (See reverse side for fee informati
9. Name and Address of 0	Current Registered Agent		10. If changed, new Registe	red Agent/Office
		Name		
ARANSON, MICHAEL J.				
ARANSON, MICHAEL J. 575 SANDPIPER WAY		Street Address (P.C). Box Number is Not Acceptable)	
575 SANDPIPER WAY THE SANCTUARY		Street Address (P.C Suite, Apt #, etc.	` '	20276186 2/3601084023
575 SANDPIPER WAY			800002 -12/13	20276186 279601084023 576.25 ************************************
575 SANDPIPER WAY THE SANCTUARY BOCA RATON FL 33431 10a. Pursuant to the provisions of sections 620 to for the purpose of changing its registered of agent. I am familiar with, and accept the ob-	ffice or registered agent, or both, in the State of Fi ligations of section 620 192, Florida Statutes. ent)	Suite, Apt. #, etc. City led limited partnership corida. Such change was	rganized or registered under the laws of authorized by its general partner(s). I h	the State of Florida, submits this stateme ereby accept the appointment of registers
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12.	I do hereby certify that the information supplied with this filling 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 truste
	empowered to execute this report appropried by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Pariner Signing Form Genud E. Feldman