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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 26 AM 8:41

1. Name of Limited Partnership

CTS PARTNERS, LTD.

1a. DOCUMENT # **A13495**

Mailing Address
6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487

Principal Office Address
6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered: 11/24/1982

3a. Date of Last Report: 12/15/1995

4. State or Country of Formation: FL

5a. Capital Contribution as Shown on record: **$10.00**

5b. Amount of Capital Contribution in FLORIDA to date: -0-

6. FEI Number: 59-2329766
☐ 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 information)

9. Name and Address of Current Registered Agent
FISH, DEBORAH L
6400 CONGRESS AVENUE
SUITE 2000
BOCA RATON FL 33487

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is not acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

800002045679--5
-01/03/97--01158--017
****191.25 ****191.25

10a. Pursuant to the provisions of sections 620.105 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
RCS DEVELOPMENT CORPORATION	1810 GATEWAY DR., S-1	SAN MATEO CA 94404	S20136
CT PARTNERS, LTD.	2859 PACES FERRY ROAD	ATLANTA GA 30339	A10671

R 12/31

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership or receiver or trustee empowered to execute the report as required by chapter 620, Florida Statutes.

SIGNATURE RCS Development Corp. Deborah L. Fish DATE 9/16/96

Typed or Printed Name of General Partner Signing Form: Deborah L. Fish, Asst. Sec. Daytime Telephone Number: 407/997-4700

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