## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT#** 

97 DEC 26 PH 2: 51



1. Name of Limited Partnership  1a. DOCUMENT  A13524					
SOUTH TAMPA, LTD.					
Mailing Address  4960 WEST KENNEDY BLVD.: STE 250  TAMPA FL 39609-1837	Principal Office Address  4850 WEST KENNEDY BLVD., 6TE 250  TAMPA FL 33009-1837  2a. Principal Office Address  5445 Marine St. 109  Suite, Apt. #. etc.  7ampa FL  City & State  33409-3415 Country		3, Date Formed or Registered 12/01/1982 3a. Date of Last Report 12/23/1996	982  ast Report  996  bunlty of Formation  Shown on record  \$6,951,270.00  5b. Amount of Capital Contributions in FL OffDA to date  5,543,755  er	
2. Malling Address  5445 Mariner St. #104  Suite, Apt. #, etc.			4. State or Country of Formation		
City & State			59-2227331		
33609-3415 (15A Zip Country					
9. Name and Address of Current I	Registered Agent	·	10. If changed, new Registers		
BAXTER, GEORGE J. 4950 WEST KENNEDY BLVD, STE 250 TAMPA FL 33609-1837  10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or regent. I am familiar with, and accept the obligations	ogistered agent, or both, in the State of Flori	Street Address (P.O. E 5 4 4 Suite, Apt. #, etc.	MP (4 an zed or registered under the laws of t	FL 71p Code 3360 the State of Florida, submits 1	04-3445 This statement t of registered
SIGNATURE (Registered Agent Accepting Appointment)	1 to de	~ ×	DATE	11/10/9	7
A GENERAL PARTNER THAT I	S A CORPORATION, L BE REGISTERED AND			R BUSINESS E	ENTITY
11. Name(s) of Gonoral Partner(s)	Address of Each General (Do NOT Use Post Office Box	Partner Numibers) 11b.	City, State & Zip Code	11c. Registr	
BAXTER, GEORGE J.	5005 SAN JOSE ST	TAN	MPA FL		
IRVING, PETER	14900 GULF BLVD. #402	MAI	DEIRA BCH. FL		
KERR, ROBERT S.	-6301 N WESTERN #180- 12501 No. May A		LAHOMA CITY OK SOCOS -01/1: ****	2398498 3/9801073 541.25 ****S	4 005 41.25
Note; General partners MAY NOT	be changed on this form	: an amendme	ent must be filed to ch	ange a general p	partner.
12 I do hereby certify that the information supplied with the	and the second of the second of the second of				ion of

Corporations from any liability of non-compliance with Section 119.07(3)(x) in the excitaging to the excitaging state in Section 119.07(3)(x) in the configuration 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 eath. 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 .

Typed or Printed Name of General Partner Signing Form

Peter Irving

11/10/97

Daytime Telephone Number