



**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 BERKSHIRE MANOR APARTMENTS, LTD.		1a. DOCUMENT # A13607			
Mailing Address 2111 NORTH MONROE STREET SUITE 203 TALLAHASSEE FL 32303		Principal Office Address 2111 NORTH MONROE STREET SUITE 203 TALLAHASSEE FL 32303		3. Date Formed or Registered 12/14/1982 3a. Date of Last Report 12/04/1995	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL 6. FEI Number 59-2258094 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5a. Capital Contributions as of 12/31/95 \$27,142.00 5b. Amount of Capital Contributions in FLORIDA to date 				8. Make check payable to: Dept. of State (See reverse side for fee information)	

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 DEC 18 PM 12:42



9. Name and Address of Current Registered Agent MOTTICE, H. JAY 2111 N. MONROE STREET SUITE 203 TALLAHASSEE FL 32303	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) _____

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) BERKSHIRE MANOR, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2111 N. MONROE ST.,#	11b. City, State & Zip Code TALLAHASSEE FL 100002040181--5 -12/27/96--01135--016 ****191.25 ****191.25	11c. Registration/Document Number L14932
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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 _____

Typed or Printed Name of General Partner Signing Form

H. Jay Mottice

DATE

Daytime Telephone Number

12-10-96
(904) 386-2117

CR2E003 (6/96)