


**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 ARMADA REALTY GROUP, LTD.		1a. DOCUMENT # A14553	
Mailing Address C/O REPUBLIC ASSET MANAGEMENT, INC. 2550 GRAY FALLS. #400 HOUSTON TX 77077		Principal Office Address C/O REPUBLIC ASSET MANAGEMENT, INC. 2550 GRAY FALLS. #400 HOUSTON TX 77077	
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 05/26/1983 3a. Date of Last Report 12/29/1995 4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record \$5,287,500.00 5b. Amount of Capital Contributions In FLORIDA to date	
		6. FEI Number 13-3165745	
		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 FEB 17 AM 11:36



9. Name and Address of Current Registered Agent ESTEP, KAREN C/O REPUBLIC MANAGEMENT, INC. 5325 CURRY FORD ROAD ORLANDO FL 32812		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		300002090613--4 -02/18/97--01062--004 ***576.25 FL ***576.25	
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) <i>Karen Estep</i>		DATE <i>2/10/97</i>	
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) NH PROPERTIES MGMT INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) % 201 RTE. 17 N.	11b. City, State & Zip Code RUTHERFORD NJ	11c. Registration/Document Number P00931
			<i>al</i> <i>2-17</i> 300002090613--4 -02/18/97--01062--005 *****8.75 *****8.75

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 *T. D. [Signature]* DATE *2/13/97*
 Registered Telephone Number *508-922-0133*

CR2E003 (6/96)