

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 25 PM 4:10

1. Name of Limited Partnership	1a. DOCUMENT # A14877
ACORN PROPERTY PARTNERS I LIMITED PARTNERSHIP	



Mailing Address 150 S. WARNER RD. KING OF PRUSSIA PA 19406	Principal Office Address 150 S. WARNER RD. KING OF PRUSSIA PA 19406	3. Date Formed or Registered 07/14/1983	5a. Capital Contributions as Shown on record. \$3,550,000.00
2. Mailing Address		3a. Date of Last Report 11/12/1996	
2a. Principal Office Address		4. State or Country of Formation PA	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 22-2458666 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent POWELL, CARNEY, MOORE, HUCKS & OLSON, P.A. ONE PROGRESS PLAZA SUITE 1210 ST. PETERSBURG FL 33701
--

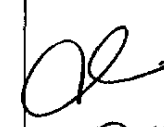
10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.105-1 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) ACORN PROPERTY PARTNERS I, I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 150 S. WARNER RD.	11b. City, State & Zip Code KING OF PRUSSIA PA	11c. Registration/Document Number F93000003819
--	---	--	--


200002367202-6
-12/09/97-01107-005
*****541.25 ***541.25**

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 _____	DATE 9-22-97
Typed or Printed Name of General Partner Signing Form: Donald J. Presnick	Daytime Telephone Number: 610-843-2300

CR2E003 (6/97)