FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



Iner Signing Form

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A17460**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAR -5 AM 10: 08



Mailing Address		Principal Office Address		3. □	ate Formed or Registered	58. Capital Contributions as Shown on record.	
414 4TH AVENUE NORTH		414 4TH AVENUE NORTH			07/16/1984	\$463,000.00	
ST. PETERSBURG FL 33701		ST. PETERSBURG FL 33701			Date of Last Report 05/02/1996		
		Y		4. s	tate or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address		28. Principal Office Address		FL		70,721	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			El Number 59-2356258	Applied For	
City & State		City & State		7. Certificate of Status Desired		Not Applicable	
Zip Country		Zip Country			7. Certificate of Status Desired \$8.75 Addition Fee Required		
				8. M	lake check payable to: Dept. of	State (See reverse side for fee informat	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
TOURTELOT, WILLIAM C.			Name	Name			
414 4TH AVENUE NORTH			Street Address (P.O. Box Number Is Not Acceptable)				
ST. PETERSBURG FL 33701			Suite, Apt. #, etc.				
	***************************************		City	· · · · · · · · · · · · · · · · · · ·		FL Zip Code	
the purpose of changing its I am familiar with, and acce	registered office or regis of the obligations of sect		arned limited partne		s general partner(s), I hereby a	be State of Florida, submits this statement accept the appointment of registered age	
the purpose of changing its I am familiar with, and acce SIGNATURE (Registered Agent Acce	registered office or regis pt the obligations of sect epting Appointment)	stered agent, or both, in the State of Flor lion 620.192, Florida Statutes. IS A CORPORATION	amed limited partne ida. Such change w	PARTNE	s general partner(s). I hereby a	be State of Florida, submits this statement accept the appointment of registered age	
the purpose of changing its I am familiar with, and accessions. SIGNATURE (Registered Agent Access A GENERAL PAR	registered office or register the obligations of sect epting Appointment) TNER THAT MUST	istered agent, or both, in the State of Florition 620.192, Florida Statutes. IS A CORPORATION T BE REGISTERED A	amed limited partne ide. Such change w	PARTNEI	s general partner(s). I hereby a	e State of Florida, submits this statemer accept the appointment of registered age	
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the purpose of changing its I am familiar with, and accessing the Signature (Registered Agent Access A GENERAL PAR 11. Name(s) of General Partices TB PROPERTIES, INC.	registered office or register the obligations of sect epting Appointment) TNER THAT MUST	IS A CORPORATION T BE REGISTERED A Address of Each Ge (Do NOT Use Post Office) 3000 - 68TH ST., NO	, LIMITED IND ACTIVITIES BOX Numbers)	PARTNEF/E WITH T	DATE RSHIP OR OTHE HIS OFFICE. THIS OFFICE THIS OFFI THIS OFF	FL le State of Florida, submits this statemer accept the appointment of registered age ER BUSINESS ENTIT 11c. Registration/ Document Number G60831 G27683	

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