


**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 INVERNESS ASSOCIATES, LTD.		1a. DOCUMENT # A17605	
Mailing Address C/O JEFFREY SCHOTTENSTEIN 1110 BRICKELL AVE., SUITE 405 MIAMI FL 33131		Principal Office Address C/O JEFFREY SCHOTTENSTEIN 1110 BRICKELL AVE., SUITE 405 MIAMI FL 33131	
2. Mailing Address 1201 Brickell Ave. Suite, Apt. #, etc. Suite 210 City & State Miami, Florida Zip 33131 Country USA		2a. Principal Office Address 1201 Brickell Ave. Suite, Apt. #, etc. 1201 Brickell Ave. City & State Miami, Florida Zip 33131 Country USA	

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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3. Date Formed or Registered 08/06/1984	5a. Capital Contributions as Shown on record \$7,932,500.00
3a. Date of Last Report 11/30/1995	5b. Amount of Capital Contributions in FLORIDA to date \$7,932,500.00
4. State or Country of Formation FL	6. FEI Number 23-2309986
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent GT CORPORATION SYSTEM 1200 G. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name David G. Hollander Street Address (P.O. Box Number is Not Acceptable) 3109 Stirling Road Suite, Apt. #, etc. Suite 200 City Ft. Lauderdale
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 12.4.96

**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) INVERNESS REALTY CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O 1110 BRICKELL AV 1201 Brickell Ave Suite 210	11b. City, State & Zip Code MIAMI FL 33131	11c. Registration/Document Number P94000084207
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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 or 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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number