

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

56 OCT -8 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A18909

HILLSBOROUGH - OXFORD ASSOCIATES LIMITED PARTNER
SHIP

97-AR
CM



Mailing Address

7200 WISCONSIN AVE., #1100
SUITE 1100
BETHESDA MD 20814

Principal Office Address

7200 WISCONSIN AVE., #1100
SUITE 1100
BETHESDA MD 20814

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

01/18/1985

5a. Capital Contributions as
Shown on record

\$125.00

3a. Date of Last Report

10/23/1995

4. State or Country of Formation

MD

5b. Amount of Capital
Contributions in FLORIDA
to date

6. FFI Number

52-1370722

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET,
SUITE 105
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc

City

FL

Zip Code

200001976922--1
-10/16/96-01057-005
****191.25 ****191.25

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)

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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

ZICKLER, LEO E.

7200 WISCONSIN AVE #1

BETHESDA MD

OXFORD EQUITIES CORP

7200 WISCONSIN AVE #1

BETHESDA MD

853771

OXFORD EQUITIES CORPORATION

7200 WISCONSIN AVE #1

BETHESDA MD

P29793

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

Phyllis Mary Ann Jones, ASST. SECRETARY

DATE

9-17-96

Typed or Printed Name of General Partner Signing Form

OXFORD EQUITIES CORPORATION

Daytime Telephone Number

(301) 961-3528

CR2E003 (6/96)