

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

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

97 OCT 13 PM 1:44



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| 1. Name of Limited Partnership 1776 ASSOCIATES, LTD. | 1a. DOCUMENT # A19826 |
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| Mailing Address 1776 N. PINE ISLAND RD. SUITE 318 PLANTATION FL 33322 | Principal Office Address 1776 N. PINE ISLAND RD. SUITE 318 PLANTATION FL 33322 | 3. Date Formed or Registered 05/02/1985 | 5a. Capital Contributions as Shown on record. \$2,400,000.00 |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | 3a. Date of Last Report 09/20/1996 | 5b. Amount of Capital Contributions in FLORIDA to date: \$1,288,000.00 |
| | | 4. State or Country of Formation FL | 6. FEI Number 59-2523710 |
| | | 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) \$8.75 Additional Fee Required |

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| 9. Name and Address of Current Registered Agent MORRIS, ALLEN I. 1776 NORTH PINE ISLAND ROAD, SUITE 318 PLANTATION FL 33322 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code |
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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 |
|-----------------------------------|---|-----------------------------|-----------------------------------|
| MORRIS, ALLEN I. | 2751 OAKMONT | FT. LAUDERDALE FL | |
| HILLMAN, DAVID H. | 1110 FIDLER LN. #310 | SILVER SPRING MD | |
| MORRIS, NATHAN | ROUTE #2-BOX 875 | STEVENSVILLE MD | |

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 Allen I. Morris DATE 9/20/97
 Typed or Printed Name of General Partner Signing Form ALLEN I. Morris Daytime Telephone Number 954-474-1776

CFR2E003 (6/97)

KWM