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

A20139

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 OCT -8 PN 1:39



Ashing Address 825 MADISON AVENUE NEW YORK NY 10022 3. Date format to Registered 66/12/1985 5. Account of Contract Capital 5. Account of Contract Capital 6. Account of Contract Cap	RIANGLE/OAKS LIMITED PAR	TNERSHIP		1 1001911 1010 17931 00101 11000 1) 112 1241 21211 21211 21211 21211 21211 21211 21211 12211	
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9, Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Account in the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s) it hereby accept the appointment). 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. (p. Address of Lach) General Partner RELATED AND CAMBRIDGE ASSOCI 625 MADISON AVENUE NEW YORK NY 10022 B95000000323	Zip Country	Ž _I ρ Country		Certificale of Status Desired		
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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). Thereby accept the appointment of registere 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. (po Note Use Post Office for Numbers) RELATED AND CAMBRIDGE ASSOCI 625 MADISON AVENUE NEW YORK NY 10022 B95000000323	9. Name and Address of Current Registered Agent			10. Il changed, new Repistered Agent/Office		
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				200001 -10/14 *****	9726726 /9601025003 /76.25 ****\$76.25	

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 fring is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Florida Statutes Trelcase the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is decribed eventpl 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 cert fy 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 John G. McMahn

Typed or Printed Name of General Parliner Signing Form Lynn Mahon, Secretary Daytime Telephone Number 2 12 - 421 - 5333