

**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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

66170 26 411041



1. Name of Limited Partnership

1a. DOCUMENT #
A20280

CTSB PARTNERS, LTD.

2. Mailing Address
6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487

2a. Principal Office Address
6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487

2. Mailing Address

State, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

State, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered
07/03/1985

3a. Date of Last Report
12/15/1995

4. State or Country of Formation
FL

6. Filing Number
59-2591812

7. Certificate of Status Desired

8. Make check payment to Dept. of State. Return receipt for this information.

**5a. Capital Contributions and
Shareholders**
\$4,875.00

**5b. Amount of Capital
Contributions and Shareholders**

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional
Fee Required

9. Name and Address of Current Registered Agent

FISH, DEBORAH L
6400 CONGRESS AVENUE, SUITE 2000
BOCA RATON FL 33487

10. If Changed, New Registered Agent/Office

Name
Street Address (P.O. Box Number) **000002045680--2**
State, Apt. #, etc. **01/03/97 01158-018**
City ******191.25 ****191.25**
Zip Code **FL**

10a. Partner(s) to the partnership who have filed this 1997 Annual Report in Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submit this statement for the purpose of changing the 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 understand with such acceptance the provisions of section 603.12, Florida Statute.

SIGNATURE (Printed Name of Agent/Office) (Printed Name of Agent/Office)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name 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

CT PARTNERS NO. 2, LTD.
RCS DEVELOPMENT CORP.

2859 PACES FERRY RD.#
1810 GATEWAY DR., #10

ATLANTA GA 30339
SAN MATEO CA 94404

B93000000057
S20136

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I, the undersigned, certify that the information supplied with this filing is a true and correct statement of the partnership and that I am a General Partner of the limited partnership, as shown on the partnership agreement. I understand with such acceptance the provisions of section 603.12, Florida Statute.

SIGNATURE

Deborah L. Fish

DATE

9/16/96

Typed or Printed Name of General Partner/Agent/Office

Deborah L. Fish, Asst. Sec.

Daytime Telephone Number

407/997-7700