

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


1252-4/01/1996

FILED

96 DEC 23 PM 1:40

SECRET STATE
TALLAHASSEE, FLORIDA

12/23

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership 4TH STREET ASSOCIATES, LTD.		1a. DOCUMENT # A20476	
Mailing Address P.O. BOX 49948 SARASOTA FL 34230-6948		Principal Office Address P.O. BOX 49948 SARASOTA FL 34230-6948	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 08/01/1985		5a. Capital Contributions as Shown on record \$105,500.00	
3a. Date of Last Report 01/02/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 59-2576147 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 OLIVERI, N.J. 1937 GOLF STREET SARASOTA FL 34230		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Numbers Not Acceptable) Suite, Apt. #, etc. City Zip Code	
		2000002045192--6 01/03/97 01124-021 ***576.25 ***576.25 FL	
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) OLIVERI, N.J. BAND, DAVID S.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1937 GOLF STREET 240 S PINEAPPLE AVENUE	11b. City, State & Zip Code SARASOTA FL SARASOTA FL	11c. Registration/Document Number
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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 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

DATE 12/20/96

Typed or Printed Name of General Partner Signing Form N.J. Oliveri

Daytime Telephone Number 941-365-0450

CR2E003 (6/96)