


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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 FEB -6 PM 4:21

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra Northam</b> Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  <b>SAENGER THEATRE PARTNERSHIP, LTD.</b>		1a. DOCUMENT # <b>A20503</b>	
Mailing Address  <b>515 POST OAK BLVD., SUITE 300 HOUSTON TX 77027</b>		Principal Office Address  <b>515 POST OAK BLVD., SUITE 300 HOUSTON TX 77027</b>	
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 <b>08/05/1985</b>  3a. Date of Last Report <b>01/16/1996</b>  4. State or Country of Formation <b>FL</b>	
		5a. Capital Contributions as Shown on record. <b>\$4,000,000.00</b>  5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number <b>59-2574288</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	



9. Name and Address of Current Registered Agent  <b>BLOOM, KENNETH M ESQ. 444 BRICKELL AVENUE SUITE 650 MIAMI FL 33131</b>		10. If changed, new Registered Agent/Office Name <b>Sheila Turkiewicz</b> Street Address (P.O. Box Number, Is Not Acceptable) <b>100 S. Biscayne Blvd</b> Suite, Apt. #, etc. <b>Ste. 1200</b> City <b>Miami</b> FL Zip Code <b>33131</b>	
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) <u>Sheila Turkiewicz</u> DATE <u>11-1-96</u>			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
11. Name(s) of General Partner(s)  <b>BECKER, ALLEN J SHLENKER, SIDNEY SAENGER ASSOCIATES</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  <b>515 POST OAK BLVD., S 515 POST OAK BLVD., S 515 POST OAK BLVD., S</b>	11b. City, State & Zip Code  <b>HOUSTON TX 77027 HOUSTON TX 77027 HOUSTON TX 77027</b>	11c. Registration/Document Number  <b>G93180900019</b>  500002085355--7 -02/12/97--01080--020 *****576.25 *****576.25 2-10

**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 J. Becker DATE 11-1-96  
 Typed or Printed Name of General Partner(s) Allen J. Becker 7131832900

CR2E003 (6/96)