

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV -8 PM 3:41 *umh*
11/14

1. Name of Limited Partnership

1a. DOCUMENT #
A20574

CYPRESS COVE ASSOCIATES, LTD.



Mailing Address

P.O. BOX 27003
RICHMOND VA 23261

Principal Office Address

P.O. BOX 27003
RICHMOND VA 23261

3. Date Formed or Registered

08/15/1985

5a. Capital Contributions as Shown on record

\$180.00

3a. Date of Last Report

10/13/1995

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

54-1344377

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

PRESIDENTIAL DEV CORP

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

6601 W. BROAD STREET

11b. City, State & Zip Code

RICHMOND VA

11c. Registration Document Number

846815

700002005367-7
-11/15/96--01007-017
***191.25 ***191.25

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 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.

CYPRESS COVE ASSOCIATES, LTD.
General Partner

By: Presidential Manor Corporation

SIGNATURE By:

John M. Noonan

DATE

10-30-96

Typed or Printed Name of General Partner Signing Form

John M. Noonan, President

Daytime Telephone Number

(804) 281-2000

CR2E003 (6/96)