

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE 1576-1/sd


FILED

97 JAN -2 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

157



LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership	1a. DOCUMENT # A20880	
TANDEM ASSOCIATES II, LIMITED		

Mailing Address 3459 SEAGRAPE DRIVE SARASOTA FL 34242		Principal Office Address 3459 SEAGRAPE DRIVE SARASOTA FL 34242	3. Date Formed or Registered 09/30/1985	5a. Capital Contributions as Shown on record. \$242,500.00
			3a. Date of Last Report 01/02/1996	
2. Mailing Address		2a. Principal Office Address	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State	6. FEI Number 59-2418966	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable.
Zip	Country	Zip	Country	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 HALPIN, DAVID J. 3459 SEAGRAPE DRIVE SARASOTA FL 34242	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 620.105-1 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) TANDEM MANAGEMENT CORP. HALPIN, DAVID J	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4401 ASHTON ROAD, SUI 3459 SEAGRAPE DRIVE	11b. City, State & Zip Code SARASOTA FL 34233 SARASOTA FL 34242	11c. Registration/ Document Number F47892
000002054560--4 -01/10/87--01096--012 ****576.25 ****576.25			

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 effect 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

David Halpin
David Halpin, general partner

DATE

12/24/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number