

**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 OCT 11 AM 11:20

1. Name of Limited Partnership

1a. DOCUMENT #  
**A21730**

**ROUSE-TEACHERS ROOSEVELT LIMITED PARTNERSHIP**



Mailing Address

% GARY FRANKLIN  
10275 LITTLE PATUXENT PARKWAY  
COLUMBIA MD 21044-3456

Principal Office Address

% GARY FRANKLIN  
10275 LITTLE PATUXENT PARKWAY  
COLUMBIA MD 21044-3456

3. Date Formed or Registered

12/30/1985

5a. Capital Contributions as Shown on record

\$10,222,489.00

3a. Date of Last Report

01/03/1996

5b. Amount of Capital Contributions in FLORIDA to date

10,222,489

4. State or Country of Formation

MD

6. FEI Number

52-1382177

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)

2. Mailing Address

% Angela Mease  
10275 Little Patuxent Pkwy  
Columbia Md  
21044-3456 Howard

2a. Principal Office Address

same as  
2(a)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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)

ROUSE-TEACHERS PROPRTIE  
HUNT VALLEY TITLE HOLDING CO

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

10275 LITTLE PATUXENT  
10275 LITTLE PATUXENT

11b. City, State & Zip Code

COLUMBIA MD  
COLUMBIA MD

11c. Registration/Document Number

P00792  
F96000000793

100001976261--5  
-10/16/96--01025--014  
\*\*\*576.25 \*\*\*576.25

dec

**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

*[Handwritten Signature]* Vice President of Partner DATE 10/7/96

Typed or Printed Name of General Partner (Signing Form)

Daytime Telephone Number

CR2E003 (6/96)