


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</b>  <b>96 DEC 18 AM 11:06</b>	
<b>1. Name of Limited Partnership</b>  <b>PRICE REALTY, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A22128</b>			
<b>Mailing Address</b> <b>14022 5TH STREET, SUITE C P.O. BOX 1165 DADE CITY FL 33526-1165</b>		<b>Principal Office Address</b> <b>14022 5TH STREET, SUITE C P.O. BOX 1165 DADE CITY FL 33526-1165</b>		<b>3. Date Formed or Registered</b> <b>02/27/1986</b>	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		<b>3a. Date of Last Report</b> <b>12/19/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. State or Country of Formation</b> <b>FL</b>	
City & State		City & State		<b>5a. Capital Contributions as Shown on record</b> <b>\$1,798,318.00</b>	
Zip		Zip		<b>5b. Amount of Capital Contributions in FLORIDA to date</b>	
Country		Country		<b>6. FEI Number</b> <b>59-2732055</b>	
Country		Country		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Country		Country		<b>7. Certificate of Status Desired</b>	
Country		Country		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	
<b>9. Name and Address of Current Registered Agent</b>  <b>PICKENS COLES PRICE 14022 5TH STREET SUITE C DADE CITY FL 33525</b>				<b>10. If changed, new Registered Agent/Office</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City				City	
State				State	
Zip Code				Zip Code	
<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.</b>					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>11. Name(s) of General Partner(s)</b>		<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>		<b>11b. City, State &amp; Zip Code</b>	
- PRICE CHARLES M., JR. -		- 2511 PROSPECT ROAD -		TAMPA FL see amend-	
PRICE, PICKENS C.		2511 PROSPECT ROAD		TAMPA FL	
PRICE, WILLIAM F. E.		2511 PROSPECT ROAD		TAMPA FL	
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