

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

LIMITED PARTNERSHIP ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
 Sandra Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 JUL 18 PM 1:34

A22527

1. Name of Limited Partnership
PLAZA CIRCLE, LTD.

1a. DOCUMENT #
A22527



Mailing Address 2401 PGA BLVD SUITE 196 PALM BEACH GARDENS FL 33410		Principal Office Address 2401 PGA BLVD SUITE 196 PALM BEACH GARDENS FL 33410		3. Date Formed or Registered 05/12/1986	5a. Capital Contributions as Shown on record \$100.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 03/18/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-2687476	<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 PERRY, FRANCES T 2401 P.G.A. BLVD STE 196 SUITE 196 PALM BEACH GARDENS, FL. FL 33410		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc. 80000224428--7	
		City -07-22-97-01127-021 ***656. FL ***656.25	

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
PLAZA CIRCLE, INC.	2401 PGA BLVD STE 196 196	PALM BCH GARDENS FL	J07294

REINSTATEMENT 97
 ER 7-21

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 *E. Riggins* DATE 5/27/97
 Edward D. Riggins III
 Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number 561-626-5100

CR2E003 (6/96)