

**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 Morham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 250 26 PM 12: 15

1. Name of Limited Partnership

1a. DOCUMENT #
A23092



TBA PARTNERSHIP, LTD.

Mailing Address
**12012 BOYETTE RD.
RIVERVIEW FL 33569**

Principal Office Address
**12012 BOYETTE RD.
RIVERVIEW FL 33569**

3. Date Formed or Registered
08/21/1986

5a. Capital Contributions as
Shown on record
\$500,000.00

3a. Date of Last Report
10/30/1995

5b. Amount of Capital
Contributions in FL OPDCA
to date

4. State or Country of Formation
FL

6. FID Number
58-1709875

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 full instructions)

2. Mailing Address

2a. Principal Office Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

**WILLIAM, MICHAEL T., ESQ.
811 CHESTNUT STREET
CLEARWATER FL 33516**

10. If changed, new Registered Agent/Office

Name

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

State, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of Sections 620, 620.1 and 620.102, 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, if and in accordance with, and accept the obligations of section 620.102, 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

AMERICAN RESIDENTIAL CTR

12012 BOYETTE RD

RIVERVIEW FL

J08820

Handwritten signature and date: 12-31

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I declare by certifying that the information supplied with this form is truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(5)(f) in the event that the information supplied is deemed exempt from public access. Further, certify that the information indicated on this form, if reported to the state 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 the report as required by Chapter 620, Florida Statutes.

SIGNATURE

Handwritten signature of Edward C. Hoefle
EDWARD C. HOEFLE

DATE

12/18/96

Typed or Embossed Name of General Partner Signer (Print)

Daytime Telephone Number

813-677-6700

CP2503 (5/96)