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

SECRETARY OF STATE DIVISION OF CORPORATIONS
95 DEC 26

1. Name of Limited Partnership

1a. DOCUMENT # A23286

CTSB ASSOCIATES LIMITED PARTNERSHIP

Mailing Address
6400 CONGRESS AVENUE
SUITE 2000
BOCA RATON FL 33487

Principal Office Address
6400 CONGRESS AVENUE
SUITE 2000
BOCA RATON FL 33487

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered: 09/23/1986

3a. Date of Last Report: 12/15/1995

4. State or Country of Formation: FL

5a. Capital Contribution: $99.00

5b. Amount of Capital Contribution in FLORIDA to date: $99.00

6. FEI Number: 59-2728510
☐ 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 information)

9. Name and Address of Current Registered Agent

FISH, DEBORAH L
6400 CONGRESS AVENUE
SUITE 2000
BOCA RATON FL 33487

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

600002045686---3
-01/03/97--01158--024
****191.25 ****191.25

10a. Pursuant to the provisions of sections 620.106 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 as 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
CTSB DEVELOPMENT CORP.	6400 CONGRESS AVENUE	BOCA RATON FL	M16937

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this 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 CTSB Development Corp., Deborah L. Fish DATE 9/16/96

Typed or Printed Name of General Partner Signing Form: Deborah L. Fish, Asst. Sec

Daytime Telephone Number: 407/997-9700

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