


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

FILED

96 OCT -2 PM 3: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership FORT DALLAS DEVELOPMENT, LTD.		1a. DOCUMENT # A23328 <i>97-AR CM</i>			
Mailing Address 10890 N.W. 29TH STREET MIAMI FL 33172		Principal Office Address 10890 N.W. 29TH STREET MIAMI FL 33172		3. Date Formed or Registered 09/26/1986	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/28/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-2720628 <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 RAMSEY, DAVID III % WAYNE WITHERS 10890 NW 29TH STREET MIAMI FL 33172		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
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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 provisions of section 620.199 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE **9-18-96**

**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) RAMSEY, JOHN DAVID, III WITHERS, WAYNE E., JR.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1237 SO. ALHAMBRA CIR 1104 HARDEE ROAD	11b. City, State & Zip Code CORAL GABLES FL CORAL GABLES FL	11c. Registration/ Document Number
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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

DATE **9-18-96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)

0004672