

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -9 AM 11:09



1. Name of Limited Partnership SPRING RISE LTD.	1a. DOCUMENT # A23403
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Mailing Address P.O. BOX 7718 FLINT MI 48507	Principal Office Address 1085 LAKE DESTINY DRIVE MAITLAND FL 32751	3. Date Formed or Registered 10/09/1986	5a. Capital Contributions as Shown on record \$782,709.64
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 01/03/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$782709.64
		4. State or Country of Formation FL	5c. Applied For <input type="checkbox"/> Not Applicable
		6. FEI Number 38-2708471	7. Certificate of Status Desired <input checked="" 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 THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 900002053839--4 Suite, Apt. #, etc. -01/10/97--01047--011 City ***637.50 ***585.00 FL
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10a. Pursuant to the provisions of sections 620.1031 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) RADAM, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3407 TORREY ROAD	11b. City, State & Zip Code FLINT MI	11c. Registration/Document Number F83000000892
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FF \$576.25
CNS \$8.75
CR 1-9

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 **12/30/96**

Typed or Printed Name of General Partner Signing Form

Ghassan M. Saab

Daytime Telephone Number **(810) 235-3200**

CR2E003 (6/96)