

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

\$537.61

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 27 PM 2:11



1. Name of Limited Partnership	1a. DOCUMENT # A23431
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ALDERMAN ASSOCIATES, LTD.

Mailing Address P.O. BOX 41847 ST. PETERSBURG FL 33743	Principal Office Address 5858 CENTRAL AVENUE ST. PETERSBURG FL 33743	3. Date Formed or Registered 10/14/1986	5a. Capital Contributions as Shown on record. \$990.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 06/13/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$61,980.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-2729451 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State:	City & State	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)
Zip	Country		

9. Name and Address of Current Registered Agent ALDERMAN CENTERS INC.. 5858 CENTRAL AVE. ST. PETERSBURG FL 33707	10. If changed, new Registered Agent/Office Name 4000002103004--0 Street Address (P.O. Box Number Is Not Acceptable) 03/04/97-01001-016 ****964.54 ****537.61 Suite, Apt. #, etc. City FL Zip Code
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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 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) ALDERMAN CENTERS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5858 CENTRAL AVE. AR 433.86 SUPP 103.75 537.61	11b. City, State & Zip Code ST. PETERSBURG FL	11c. Registration/Document Number P93000088822
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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 20, Florida Statutes.

SIGNATURE ✓

DATE

Typed or Printed Name of General Partner Signing Form

Craig Sher, President

Daytime Telephone Number

813-384-6000

Alderman Centers, Inc.