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
96 DEC 20 AM 9:00

1. Name of Limited Partnership

BASCO ASSOCIATES LIMITED PARTNERSHIP NO. 2

1a. DOCUMENT # **A23603**

Mailing Address	Principal Office Address
~~SUITE 200~~	~~SUITE 200~~
~~7535 LITTLE RIVER TURNPIKE~~	~~7535 LITTLE RIVER TURNPIKE~~
~~ANNADALE VA 22003~~	~~ANNADALE VA 22003~~

2. Mailing Address: SUITE 760	**2a.** Principal Office Address: SUITE 760
Suite, Apt. #, etc: 500 N WESTSHORE BLVD	Suite, Apt. #, etc: 500 N WESTSHORE BLVD
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33609 / Country:	Zip: 33609 Country:

3. Date Formed or Registered: 11/18/1986

3a. Date of Last Report: 12/18/1995

4. State or Country of Formation: VA

5a. Capital Contributions as Shown on record: $13,400.00

5b. Amount of Capital Contributions in FLORIDA to date: $13,400.00

6. FEI Number: 54-1160821 ☐ 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 fee information)

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
HIGH PINES REALTY CORP. 5700 LAKE WORTH RD. SUITE 305 LAKE WORTH FL 33463	Name Street Address (P.O. Box Number 410090204749A--2 -01/07/97--01039--005 Suite, Apt. #, etc. ****232.55 ****232.55 City FL Zip Code

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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
HALE, C. JARED	4231 MARKHAM ST.	ANNANDALE VA	
PINKSTON, CLYDE A.	4231 MARKHAM ST.	ANNANDALE VA	
DEHART, FREDA P.	4231 MARKHAM ST.	ANNANDALE VA	
GUTHRIE, PEGGY	4231 MARKHAM ST.	ANNANDALE VA	
GLASS, DOYLE H.	4231 MARKHAM ST.	ANNANDALE VA	

FF $93.80
Sup. $138.75
CR 12-27

CR2E003 (6/96)

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: C Jared Hale DATE: 12-17-96

Typed or Printed Name of General Partner Signing Form: C JARED HALE Daytime Telephone Number: 813 289-8430