

**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 24 AM 9:25



1. Name of Limited Partnership	1a. DOCUMENT # A23874
OLDE TIMES SQUARE, LTD.	

Mailing Address 4830 W. KENNEDY BLVD. SUITE 740, ONE URBAN CENTRE TAMPA FL 33609		Principal Office Address 4830 W. KENNEDY BLVD. SUITE 740, ONE URBAN CENTRE TAMPA FL 33609		3. Date Formed or Registered 12/19/1986	5a. Capital Contributions as Shown on record. \$5,694,000.00
				3a. Date of Last Report 12/22/1995	5b. Amount of Capital Contributions in FLORIDA to date: 13692144
				4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		6. FEI Number 59-2761201 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				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 BRAY, JACK H. 4830 W. KENNEDY BLVD. #740 TAMPA FL 33609	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;"> FL Zip Code </div>
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
RICHLAND PROPERTIES, INC	4830 W. KENNEDY BLVD.	TAMPA FL	J47194
800002048218--0 -01/07/97--01086--025 ****585.00 ****585.00			
dec cus			

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 _____

Typed or Printed Name of General Partner Signing Form

Date A. West, Vice President of GP

DATE

12-19-96

Daytime Telephone Number

(813) 286-4140

CR2E003 (6/96)