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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

SDI OPERATING PARTNERS, L.P., LTD.

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A24006**

FILED

96 DEC 11 PM 2: 15



SECRETARY OF STATE

* THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801 ** THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801 ** THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801 ** THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801 ** THE CORPORATION TRUST COMPANY 12/30/1986 ** 3a. Date of Lest Report 09/18/1995 ** 5b. Amount of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contributions in FLORIDA to date: ** On the contribution of Capital Contribution o	** THE CORPORATION TRUST COMPANY 1209 GRANGE STREET WILMINSTON DE 19801 ** THE CORPORATION TRUST COMPANY 1209 GRANGE STREET WILMINSTON DE 19801 ** THE CORPORATION TRUST COMPANY 1209 GRANGE STREET WILMINSTON DE 19801 ** State of Country of Formation DE ** State of Country of Formation DE ** State of Country of Formation DE ** Divide, Apt. #, etc. ** Country of Formation DE ** State of Country ** The CORPORATION TRUST COMPANY 1209 Applied For Not Appl					
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28. Principal Office Address 28. Principal Office Address DE Suite, Apt. #, etc City & State To Country To Country To Country To Country To Country To Certificate of Status Desired Registered Agent/Office 8. Make check payable to Dept of State (See reverse side for fee information of the provisions of State (See reverse side for fee information of State (See reverse side fee feet feet feet feet feet feet fee	28. Principal Office Address DE DE DE DE DE DE DE DE DE					
City & State Country Country Country Country Country To Country Country To C	City & State Country To Country Country To	2. Mailing Address	28. Principal Office Address			
T. Certificate of Status Desired S8.75 Additional Fee Required	7. Certificate of Status Desired		·	Suite, Apt. #, etc.		
Zip Country 8. Make check payable to: Dept. of State (See reverse side for fee information of the purpose of Current Registered Agent) 10. If changed, new Registered Agent/Office C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Suffee, Apt. #, etc. City FL Zip Code 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 stateme for the purpose of changing its 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) New YORK NY 10285 A24139 200020283725 127/13/9601015012	Pipe Country Zip Country 8. Make check payable to Dept. of State (See reverse side for fee Inform 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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 staten 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(e). I hereby accept the appointment of register agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) OATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Name(s) of General Partner(e) 11a. (Do NOT Use Post Office Box Numbers) NEW YORK NY 10285 A24139 2000288372-01015-012	City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number Is Not Acceptable) Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 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) AGENERAL 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. (Do NOT Use Post Office Box Numbers) Address of Each General Partner NEW YORK NY 10285 A24139 A24139	C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number Is Not Acceptable) Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc. City FL Zip Code Address of Florida. Submits this staten for the purpose of changing its registered diffice 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 register agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes. AGENERAL 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. (Do NOT Use Post Office Box Numbers) SDI PARTNERS I, L.P. AMERICAN EXPRESS TOWE NEW YORK NY 10285 A24139	Zip Country	Zip	Country	8. Make check payable to: Dept.	Fee Required
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Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code City FL Zip Code One 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 statemer for the purpose of changing its 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. I1. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) SDI PARTNERS I, L.P. AMERICAN EXPRESS TOWE NEW YORK NY 10285 A24139 200020283722-5 -12/13/9601015012	Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code One. 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 stater for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of register agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED ACID ACID ACID ACID ACID ACID ACID ACI		rait negiotaleu ngoitt	Name	10. Il Changed, new negiste	TOU AGENTOTINGS
PLANTATION FL 33324 Suite, Apt. #, etc. 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 stateme 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 registere agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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. (Do NOT Use Post Office Box Numbers) SDI PARTNERS I, L.P. AMERICAN EXPRESS TOWE NEW YORK NY 10285 A24139 A24139	PLANTATION FL 33324 Suite, Apt. #, etc. City FL Zip Code FL Zi			Street Addre	ss (P.O. Box Number Is Not Acceptable)	
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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 stateme 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. (Do NOT Use Post Office Box Numbers) AMERICAN EXPRESS TOWE NEW YORK NY 10285 A24139 200020283725 -12/13/3601015012	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 statem 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). Thereby accept the appointment of register agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. 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. (Do NOT Use Post Office Box Numbers) AMERICAN EXPRESS TOWE NEW YORK NY 10285 A24139 200020283725-12/13/9601015012			City		Zip Code
11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/ Document Number AMERICAN EXPRESS TOWE NEW YORK NY 10285 200020283725 -12/13/3601015012	1. Name(s) of General Partner(s)	for the purpose of changing its registered office agent. I am familiar with, and accept the obligations of the control of the control of the control of the control of the purpose of the	e or registered agent, or both, in the State ations of section 620.192, Florida Statutes.	of Florida. Such chan	ge was authorized by its general partner(s). I h DAT PARTNERSHIP OR OTH	ereby accept the appointment of register
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	Note: Conoral partners MAY NOT he changed on this form: an amendment must be filed to change a general partner	N-4- 0				

12. I do hereby cert fy 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 path. I further certify that I am a General Partner of the limited partnership, receiver or trustee