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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

T.H. RESORTS ASSOCIATES, LTD.



FLORIDA DEPARTMENT OF STATE

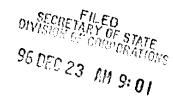
## Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** 

A24305





			X)12/30	
Mailing Address 1886 ROUTE 52	Principal Office Address 1886 ROUTE 52		3. Date Formed or Registered 03/24/1987 3a. Date of Last Report 08/01/1996 4. State or Country of Formation FL	5a. Capital Contributions as Shown on record.
HOPEWELL JUNCTION NY 12533	HOPEWELL JUNCTION NY 12533			<b>5b.</b> Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 13-3426145	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip Cou	intry	8. Make check payable to. Dept. of	f State (See reverse side for fee information)
9. Name and Addre	ess of Current Registered Agent	10. If changed, new Registered Agent/Office		
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105		Name Street Address (P.O. Box Number Is Not Acceptable)		
TALLAHASSEE FL 32301		Suite, Apt *, etc. :: CICIOTE: O		
for the purpose of changing its regis agent. I am familiar with, and accept SIGNATURE (Hegistered Agent Accepting Ap		Such change was a	anized or reg stered under the laws of t uthorized by its general partner(s). I her DATE	he State of Florida, submits this statement eby accept the appointment of registered
A GENERAL PARTNEI	R THAT IS A CORPORATION, LIM MUST BE REGISTERED AND A			R BUSINESS ENTITY
11. Namo(s) of General Partner(s)	Address of Each General Part  11a. (Do NOT Use Post Office Box Nu		City, State & Zip Code	11c. Registration/ Document Number
T.H. RESORTS, INC.	1886 ROUTE 52	<b>P</b>	IOPEWELL JUNCTION NY	J63486
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·.				
Note: General partners I	MAY NOT be changed on this form; a	n amendm	ent must be filed to ch	ange 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Daytime Telephone Number .

Typed or Printed Name of General Partner Signing Form

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