


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

FILED

96 DEC 19 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A25203	
PROVEST THREE LIMITED PARTNERSHIP			
Mailing Address P.O. BOX 464 MARBLEHEAD MA 01945		Principal Office Address 3 CARRIAGE HILL LANE SALEM MA 01970	
2. Mailing Address		2a. Principal Office Address 4 Totman Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #3	
City & State		City & State Woburn, MA	
Zip Country		Zip Country 01801	



12/27

3. Date Formed or Registered 09/22/1987	5a. Capital Contributions as Shown on record \$990,000.00
3a. Date of Last Report 12/12/1995	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation MA	
6. FEI Number 04-2975776	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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)	

9. Name and Address of Current Registered Agent REEBENACKER, ERIC S. 1012 SUMMER PLACE MERRITT ISLAND FL 32953	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 4915 Pinewood Drive NE Suite, Apt. #, etc. City Palm Bay FL Zip Code 32905
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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) REEBENACKER, NOEL J. REEBENACKER, DORIS C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2 CARRIAGE HILL LANE 4 Totman Drive #3 2 CARRIAGE HILL LANE 4 Totman Drive #3	11b. City, State & Zip Code SALEM MA 01970 Woburn, MA 01801 SALEM MA 01970 Woburn, MA 01801	11c. Registration/Document Number 600002042156--0 -12/31/96--01056--018 ****576.25 ****576.25
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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 effect 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

DATE

12/11/96

Typed or Printed Name of General Partner Signing Form **Noel J. Reebenacker**

Daytime Telephone Number **(617) 939-5757**

CR2E003 (6/96)