

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 27 PM 1:48

*113



1. Name of Limited Partnership
HAMILTON HOUSE ASSOCIATES LIMITED PARTNERSHIP

1a. DOCUMENT #
A25456

Mailing Address 8500 W. SUNRISE BLVD. PLANTATION FL 33322	Principal Office Address 8500 W. SUNRISE BLVD. PLANTATION FL 33322	3. Date Formed or Registered 11/09/1987	5a. Capital Contributions as Shown on record \$6,716,748.00
		3a. Date of Last Report 12/04/1995	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address 8065 Leesburg Pk. Ke Suite 400 Vienna, VA 22182 U.S.A.	2a. Principal Office Address 8065 Leesburg Pk. Ke Suite 400 Vienna, VA 22182 U.S.A.	6. FEI Number 65-0014088	<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 MAINGUY, DAVID 8500 W. SUNRISE BLVD. PLANTATION FL 33322	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 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 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) HAMILTON HOUSE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1615 M STREET, NW, #8 8065 Leesburg Pk. Ke Suite 400	11b. City, State & Zip Code WASHINGTON DC Vienna, VA 22182	11c. Registration/Document Number M56676
400002048214--3 -01/07/97--01092--019 ****576.25 ****576.25			

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 *Mildred C. Bonts* DATE **12-26-96**
 Typed or Printed Name of General Partner Signing For **Mildred C. Bonts, Asst. Secy** Daytime Telephone Number **703/294-2400**

CR2E003 (6/96)