

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

FILED

96 OCT -8 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership DUPONT GARDENS ASSOCIATES LIMITED PARTNERSHIP	1a. DOCUMENT # A26914
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Mailing Address 3534 SMITHFIELD ROAD JACKSONVILLE FL 32217	Principal Office Address 4536 FORSYTH, SUITE 63 CLAYTON MO 63105	3. Date Formed or Registered 08/18/1988	5a. Capital Contributions as Shown on record \$1,380,196.00
		3a. Date of Last Report 12/04/1995	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address 8251 Maryland Ave., Suite 10 Clayton, MO 63105	4. State or Country of Formation MO	6. FEI Number 43-1489985
		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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) HILLTOP TOWNHOMES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1300 SOUTH HAMPTON AV	11b. City, State & Zip Code ST. LOUIS MO 63139	11c. Registration/Document Number P19382
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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 on 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

DATE **09/26/96**

Typed or Printed Name of General Partner Signing Form **Dupont Gardens Associates Limited Partnership**
 BY: **Hilltop Townhomes, Inc., General Partner**
 BY: **Jakob Medve, President of GP** Daytime Telephone Number **314-726-2000**

CR2E003 (6/96)