

A27146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

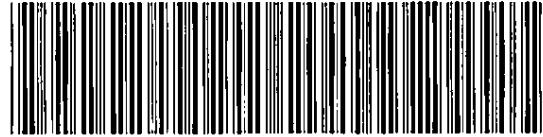
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Filings prior to 1996

Office Use Only



700382830197



502 East Park Avenue Tallahassee, FL 32301 (904) 222-9171
 MAILING ADDRESS: Post Office Box 5828 Tallahassee, FL 32314
 TOLL FREE 1-800-342-8088

A27146

LOWMEES, DROSDICK & L
 ATTN: SCOTT C. THOMPSON
 407-843-4600
 ATTORNEYS AT LAW
 215 NORTH EOLA DR.
 ORLANDO, FL 32801

WORK ORDER NUMBER 00000129		
CUSTOMER NO	ORDER DATE	ORDER TIME
1310	09/30/98	09:31 AM
ORDER TAKEN BY:		
MARIA NEWPORT		

WORK ORDER DESCRIPTION

FILE LTD PARTNERSHIP

CERTIFIED COPY/CERTIFICATE OF GOOD STANDING 09/30/98 08095 003
 LIMITED PARTNERSHIP
 1. HARBOUR KEY ASSOCIATES LIMITED PARTNERSHIP REGISTERED AGENT 3.00
 FILE DATE: CERT/PHOTO COPY 20.00
 LTD PARTNERSHIP 30.00
 CH#
 =====
 TOTAL 53.00

2. PICERNE WEST PALM PARTNERS, LTD.

FILE DATE:

CH#

3. HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP

FILE DATE:

CH#

STATE FEES PREPAID WITH YOUR CH# 5597, 5596, 5595

FILED
 03 SEP 30 PM 12:00
 TALLAHASSEE, FL

A27146

C. TAX _____
 FILING 20.00
 R. AGENT FEE 2.00
 C. COPY 15.00 0035.00
 TOTAL 37.00
 BANK _____
 BALANCE DUE _____
 UND _____

Name	
Availability	GH
Document Examiner	GSH
Updater	GSH
Updater Verifier	GSH
Acknowledgement	GSH
W. P. Verlyer	GSH

FED EXP
 C/B: SCOTT THOMPSON

If for any reason the above request is confusing or incorrect please contact our office immediately at the telephone number listed above. Thank you for your assistance with the above request.

REQUEST FOR INFORMATION

CERTIFICATE OF LIMITED PARTNERSHIP

We, the undersigned, hereby associate ourselves together and make, acknowledge and file with the Secretary of State of the State of Florida, this Certificate of Limited Partnership for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida.

1. NAME OF PARTNERSHIP. The name of the Partnership shall be HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP.

2. LOCATION OF PRINCIPAL PLACE OF BUSINESS. The principal place of business of the Partnership shall be located at 1000 North Orlando Avenue, Suite A, Winter Park, Florida 32789, or at such other place or places as the General Partners shall from time to time determine. The mailing address of the Partnership is the same as the principal place of business.

3. NAME AND ADDRESS OF THE AGENT FOR SERVICE OF PROCESS.
Richard J. Fildes, Esquire, c/o Lowndes, Drosdick, Doster, Kantor & Reed, Professional Association, 215 North Eola Drive, Orlando, Florida 32801.

4. NAME AND BUSINESS ADDRESS OF EACH GENERAL PARTNER.

A. Picerne Development Corporation of Florida
1000 North Orlando Avenue
Suite A
Winter Park, Florida 32789

B. Robert M. Picerne, President
Picerne Development Corporation of Florida
1000 North Orlando Avenue
Suite A
Winter Park, Florida 32789

5. MAILING ADDRESS OF THE LIMITED PARTNERSHIP. Robert M. Picerne, c/o Picerne Development Corporation of Florida, 1000 North Orlando Avenue, Suite A, Winter Park, Florida 32789.

6. TERM. The Partnership shall be dissolved on December 31, 2020, unless sooner dissolved and terminated prior to such date as provided in the Certificate of Agreement of Limited Partnership of the Partnership.

RECORDED
INDEXED
60 SEP 20 10 20 09
60 10 20 09

SWORN AND SUBSCRIBED the 22nd day of September, 1988.

WITNESSES:

[Signature]

GENERAL PARTNERS:

[Signature]
Robert M. Picerne,
a General Partner

PICERNE DEVELOPMENT CORPORATION
OF FLORIDA, a General Partner

[Signature]

BY: [Signature]
Robert M. Picerne, President

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared ROBERT M. PICERNE, General Partner of HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP, known to me to be the person who executed and swore to the foregoing Certificate of Limited Partnership and who acknowledged before me that he executed the Certificate of Limited Partnership for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 22nd day of September, 1988.

[Signature]
Notary Public M. P. HOWARD
My Commission Expires: 3/15/92

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared ROBERT M. PICERNE, as President of PICERNE DEVELOPMENT CORPORATION OF FLORIDA, a General Partner of HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP, known to me to be the person who executed and swore to the foregoing Certificate of Limited Partnership and who acknowledged before me that he executed the Certificate of Limited Partnership for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 22nd day of September, 1988.

[Signature]
Notary Public M. P. HOWARD
My Commission Expires: 3/15/92

FILED
SEP 30 PM 12:00
1988

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, accepts his designation as Registered Agent for HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP, a Florida limited partnership, and the obligations imposed on him as Registered Agent pursuant to the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.

SWORN AND SUBSCRIBED TO as of this 29th day of September, 1988.

WITNESSES:

Mary Dean
W. C. Thoy

Richard J. Fildes
Richard J. Fildes, Esquire,
Registered Agent

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared RICHARD J. FILDES, Esquire, known to me to be the person who executed and swore to the foregoing Acceptance of Registered Agent.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 29th day of September, 1988.

W. C. Thoy
Notary Public
My Commission Expires:

Notary Public, State of Florida
My Commission Expires July 21, 1992
Notary Public, State of Florida

09 SEP 30 PM 12:00
FILED
NOTARY PUBLIC STATE OF FLORIDA

AFFIDAVIT OF LIMITED PARTNERS' CONTRIBUTIONS

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620, the undersigned, after first being duly sworn, depose and say that the capital contributions of the Limited Partners of HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP are as follows:

- | | | |
|----|--------------------------------|----------|
| 1. | Robert M. Picerne | \$190.00 |
| 2. | Ronald R.S. Picerne | 150.00 |
| 3. | David R. Picerne | 150.00 |
| 4. | Picerne Investment Corporation | 490.00 |


No Limited Partner shall at any time be required to make any contributions to the Partnership in addition to the amount which he has contributed.

SWORN AND SUBSCRIBED as of the 27th day of September, 1988.

WITNESSES:

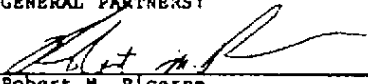


Bill Morgan



Bill Morgan

GENERAL PARTNERS:



Robert M. Picerne,
a General Partner

PICERNE DEVELOPMENT CORPORATION
OF FLORIDA, a General Partner


BY: 

Robert M. Picerne, President

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Robert M. Picerne, General Partner of HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP, known to me to be the person who executed and swore to the foregoing Affidavit of Limited Partners' Contributions and who acknowledged before me that he executed the Affidavit of Limited Partners' Contributions for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 27th day of September, 1988.



Notary Public M.P. Moore
My Commission Expires: 3/15/92

SEP 30 1988
ORANGE COUNTY, FLORIDA

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Robert M. Picerne, as President of PICERNE DEVELOPMENT CORPORATION OF FLORIDA, a General Partner of HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP, known to me to be the person who executed and swore to the foregoing Affidavit of Limited Partners' Contributions and who acknowledged before that he executed the Affidavit of Limited Partners' Contributions for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2nd day of September, 1988.


Notary Public *M.P. ...*
My Commission Expires: 3/15/92

FILED
EO SEP 30 PM 12:00
STATE OF FLORIDA
COUNTY OF ORANGE

THIS PARTNERSHIP WILL BE REVOKED IF THIS REPORT IS NOT FILED WITHIN 12/1989

A27146

Read Instructions on Other Side Before Making Entries
Filing Fee Required - Make Checks Payable To: Department of State

A27146
HARBOUR SQUARE ASSOCIATES LIMITED PARTNERS
1000 N. ORLANDO AVE., SUITE A
WINTER PARK, FL 32789

09/30/1988

FLORIDA

\$490.00

FOR FISCAL USE ONLY

05/03/89 00007 01
LIMITED PARTNERSHIP
LTD PARTNERSHIP
TOTAL

PICERNE DEVELOPMENT CORP
PICERNE, ROBERT W.

1000 N. ORLANDO AVENUE
1000 N. ORLANDO AVENUE

WINTER PARK, FL
WINTER PARK, FL

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner.

REGISTERED AGENT INFORMATION

OFFICE USE ONLY

FIELDS, RICHARD J., ESQ.

& LOWMEYER, BROSDICK, DOSTER, KANTOR ET AL

215 N. SOLA DRIVE

ORLANDO, FL

3280100000

Note: The Registered Agent MAY NOT be changed on this form; an Amendment must be filed.

Robert M. Picerne

General Partner

407-629-6600

4/26/89

Robert M. Picerne
Robert M. Picerne
Robert M. Picerne
Robert M. Picerne

RECEIVED SEP 28 1988

File Now! Due on or before January 1, 1990

LIMITED PARTNERSHIP
ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
24 North
Fernway Drive
DIVISION OF CORPORATIONS

DO NOT WRITE IN THESE SPACES
NOV 09 1988 10 3 36

Read Instructions on Other Side Before Making Entries
Filing Fee Required—Make Checks Payable To: Department of State

A27146
HARBOUR SQUARE ASSOCIATES LIMITED PARTNERS
1000 N. ORLANDO AVE., SUITE A
WINTER PARK, FL 32789

1. Name of the Partnership
2. State of Incorporation
3. Date of Incorporation
4. Principal Office Address
5. City
6. State
7. Zip

09/32/1988 FLORIDA
\$490.00

FOR FISCAL USE ONLY
-12/19/89--0024--005
LIMITED PARTNERSHIP REPORT
TOTAL

1. Name of the Partnership
2. State of Incorporation
3. Date of Incorporation
4. Principal Office Address
5. City
6. State
7. Zip

05-0441441

PICERNE DEVELOPMENT CORP 1000 N. ORLANDO AVENUE WINTER PARK, FL
PICERNE, ROBERT M. 1000 N. ORLANDO AVENUE WINTER PARK, FL

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner

REGISTERED AGENT INFORMATION

FILDES, RICHARD J., ESQ.
3 LOWMEDES, DROSDICK, DOSTER, KANTOR ET AL
215 N. EOLA DRIVE
ORLANDO, FL 32801-0000

OFFICE USE ONLY

Note: The Registered Agent MAY NOT be changed on this form; an Amendment must be filed.

Robert M. Picerne

Robert M. Picerne General Partner 629-6600

Handwritten signatures and notes at the bottom of the form, including names like 'Picerne' and 'Fildes'.

File Now! Due on or before January 1, 1991

LIMITED PARTNERSHIP ANNUAL REPORT 1991



FLORIDA DEPARTMENT OF STATE
300 South
Seminole Way
Tallahassee, Florida 32301
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

1990 DEC 31 11 3 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries. Filing Fee Required - Make Checks Payable To: DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Partnership

A27146
HARBOR SQUARE ASSOCIATES LIMITED PARTNERS
1000 N. ORLANDO AVE.
SUITE A
WINTER PARK, FL 32789

If mailing address is incorrect in any way on the address in Item 2, include ZIP Code

RECEIVED OCT 03 1990

2 Exact Change of Address of Limited Partnership
Mailing Address
Principal Street Address
City
State ZIP Code

3 Date Registered to Do Business in Florida

09/30/1988

4 State or Country of Formation

FLORIDA

5a Anticipated Capital Contributions as Shown on Record

\$490.00

5b Actual Amount of Capital Contributions

6 Filing fee is figured at the rate of \$7.00 per thousand on CAPITAL CONTRIBUTION but in no case shall the amount be less than \$52.50 nor more than \$437.50. For questions concerning capital contributions or filing fees, please call (904) 487-6056. Please include your 1991 Annual Report with a remittance of U.S. Dollars received in payment of a Partnership's filing fee required in the U.S.

FOR FISCAL USE ONLY

-01/10/91--00000--004
L/P HAR'S 52.50
LTD PARTNERSHIP-----++\$52.50
TOTAL-----++\$52.50

7 Federal Employer Identification Number 05-0441441

8 FEE Number Applied For FEE Number Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

Name and Business Address of Each General Partner

Name of General Partner(s)	Address of Each General Partner(s) (Do NOT Use Post Office Box Number(s))	City and State
PICERNE DEVELOPMENT CORP PICERNE, ROBERT M.	1000 N. ORLANDO AVENUE 1000 N. ORLANDO AVENUE	WINTER PARK, FL WINTER PARK, FL

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner.

REGISTERED AGENT INFORMATION

10 Name and Address of Current Registered Agent

FILDES, RICHARD J., ESQ.
% LOWMEDES, DROSSDICK, DOSTER, KANTOR et al
215 N. EOLA DRIVE
ORLANDO, FL 32801

11 Name and Address of New Registered Agent

Street Address 1 (Do NOT Use PO Box Number)

Street Address 2 (Do NOT Use PO Box Number)

City and State FL ZIP Code

12 I, the undersigned, the Secretary of Sections 620.1051 and 620.102 Florida Statutes, the above named Limited Partnership is organized or registered under the laws of the State of Florida, subject to the authority of changing its registered office or registered agent, in fact, in the State of Florida. Such change was authorized by its General Partner(s).

13 I, the undersigned, do hereby certify that the above named Limited Partnership is organized or registered under the laws of the State of Florida, subject to the authority of changing its registered office or registered agent, in fact, in the State of Florida. Such change was authorized by its General Partner(s).

14 Signature of General Partner Signing for
Robert M. Picerne
15 County of Orange
16 Date 12/21/90
17 Telephone 407-629-6655
18 Signature of Registered Agent
Richard J. Fildes
19 Date 12/21/90
20 Signature of Secretary of State
M. J. Picerno

DUE ON OR BEFORE JANUARY 1, 1993 (NOTE NEW FILING FEE)

LIMITED PARTNERSHIP
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND FILED IN THIS SPACE
FILED
1992 DEC 23 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries. Filing Fee Required - Mass Checks Possible For: Department of State

DOCUMENT # **A27148**

HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP
% 215 NORTH EOLA DRIVE
ORLANDO FL 32801

28. Enter Change of Mailing Address:
40000007655-4

City and State: **01705793-010220012**
******191.25 ****191.25**

2b. Enter Previous Name of Business:

City and State: Zip Code:

3. Filing Date: **09/30/1988** 4. State: **FLORIDA** 5a. Capital Contributions in Prior Year Period: **\$490.00** 5b. Amount of Capital Contributions in Florida: **\$490.00**

6. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF \$138.75 PURSUANT TO S 629.193, FLORIDA STATUTES, EFFECTIVE 7-1-92. THE FILING FEE SHALL BE NO LESS THAN \$152.50 - \$138.75 AND NO MORE THAN \$575.25 (\$437.50 - \$138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1993 annual report with a check in U.S. funds and payable through a U.S. bank.

7. **05-0441441** 8. Telephone No. with Area Code: 9. Additional Fee Required for a Certificate of Status: CERTIFICATE OF STATUS REQUIRED

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent:
FILDES, RICHARD J., ESQ.
% LOWMEDES, DROSDICK, DOSTER, KANTOR et al
215 N. EOLA DRIVE
ORLANDO, FL 32801

10. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

11. A GENERAL PARTNER THAT IS A CORPORATION OR LIMITED PARTNERSHIP MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

General Partner	Address (If a General Partner, the address of the General Partner)	City and State	Corporate Document Number
PICERNE DEVELOPMENT C PICERNE, ROBERT M.	1000 N. ORLANDO AVENUE 1000 N. ORLANDO AVENUE	WINTER PARK, FL WINTER PARK, FL	646246

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

A General Partner must sign and signature must be notarized with seal requirement.

12.
Date: **12/8/92** Telephone: **407-629-6600**
Robert M. Picerne, a General Partner
Robert M. Picerne

8th
Orlando
Notary Public, State of Florida
My Commission Expires Jan. 24, 1993
December 92
Florida
CC078645
Mary Dean
Mary Dean

0427 (03/18/92)

1ST NOTICE: DUE ON OR BEFORE DECEMBER 31, 1993

LIMITED PARTNERSHIP
ANNUAL REPORT
1994



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 DEC 20 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Partnership	1a. DOCUMENT # A27146
HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP % 215 NORTH EOLA DRIVE ORLANDO FL 32801	
2. Name of Registered Agent	2a. Name and Address of Registered Agent % 215 NORTH EOLA DRIVE ORLANDO FL 32801

3. FILING DATE 09/30/1988	3a. FILING DATE 12/23/1992	4. STATE FL	5a. FILING FEE \$490.00	5b. APPROVAL BY SECRETARY OF STATE
------------------------------	-------------------------------	----------------	----------------------------	------------------------------------

6. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF \$138.75 PURSUANT TO § 607.193, FLORIDA STATUTES, EFFECTIVE 7/1/92. THE FILING FEE SHALL BE NO MORE THAN \$2,000.00. THERE IS AN ADDITIONAL FEE OF \$138.75 FOR EACH ADDITIONAL GENERAL PARTNER. For questions concerning filing fees, please call (904) 487-6056. Please submit your 1994 annual report with a check payable in U.S. funds through a U.S. bank to the Secretary of State.

7. IDENTIFICATION NUMBER 050441441	8. IS ADDITIONAL FEE REQUIRED FOR A CERTIFICATE OF STATUS <input type="checkbox"/>
---------------------------------------	---

REGISTERED AGENT INFORMATION		9. Name of Registered Agent
8. Name and Address of Current Registered Agent		
FILDES, RICHARD J., ESQ. % LOWDES, DROSDICK, DOSTER, KANTOR ET AL 215 N. EOLA DRIVE ORLANDO FL 32801		10. FILING OFFICE FL

10. IF THE PARTNERSHIP HAS A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY, IT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name of General Partner	11a. Address	11b. Address	11c. Identification Number
PICERNE DEVELOPMENT C	1000 N. ORLANDO AVENUE	WINTER PARK FL	646246
PICERNE, ROBERT M.	1000 N. ORLANDO AVENUE	WINTER PARK FL	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Signature of General Partner

Robert M. Picerne, General Partner (407)629-6600

1ST NOTICE: DUE ON OR BEFORE DECEMBER 31, 1994

LIMITED PARTNERSHIP
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
DIVISION OF CORPORATIONS

1978 DEC 27 AM 9:00
RECEIVED
TALLAHASSEE, FLORIDA

1. Name of Partnership
1a. DOCUMENT #
A27146

HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP

215 NORTH EOLA DRIVE
ORLANDO FL 32801

2. True Mailing Address of Applicant
City, State & Zip
ORLANDO FL 32801
3. Date of Report
12/27/94--01100--000
2a. Total Paid
5490.00

3. Filing Date in Florida
09/30/1988
3b. Date of Last Report
12/20/1993
4. State/County of Incorporation
FL

5a. Filing Fee
\$490.00
5b. Amount of Capital Contribution in Florida in 1995
05-0441441
7. \$8.75 Additional Fee required for a Certificate of Status

8. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF \$158.75 PURSUANT TO § 607.193, FLORIDA STATUTES. THE FILING FEE SHALL BE NO LESS THAN \$191.25 (\$50.00 + \$141.25) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1995 annual report with a check payable to the Secretary of State in U.S. funds through a U.S. bank.

9. Name and Address of Current Registered Agent
**FILDES, RICHARD J., ESQ.
% LOWMEES, DROSDICK, DOSTER, KANTOR ET AL
215 N. EOLA DRIVE
ORLANDO FL 32801**

10a. If the partnership is a general partner in another state, please list the name and address of that state's Secretary of State.

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. 11a. Name of General Partner
**PICERNE DEVELOPMENT CORP
PICERNE, ROBERT M.**
11b. Address of General Partner
**1000 N. ORLANDO AVENUE
1000 N. ORLANDO AVENUE
WINTER PARK FL
WINTER PARK FL**
11c. State of Incorporation
048248

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Signature of General Partner
Robert M. Picerne, General Partner
Date: **12/16/94**
Phone: **(407) 679-6600**

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Matham
Secretary of State
DIVISION OF CORPORATIONS

95 DEC 27 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP

1a. DOCUMENT #
A27146

2. How Made Partner, If Applicable
Sole, Part, etc.
City, State & Zip

Principal Office Address
**% 215 NORTH EOLA DRIVE
ORLANDO FL 32801**

2a. How Principal Office Address, If Applicable
Sole, Part, etc.
City, State & Zip

If location addresses are incorrect in any way, file through the incorrect information and enter correct addresses in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in
FLORIDA **09/30/1988**

3a. Date of Last Report
12/27/1994

4. State or Country of Formation
FL

5a. Total Contributions as Shown
on Report
\$490.00

5b. Amount of Capital Contributions in
FLORIDA to Date
\$490.00

6. FID Number
05-0441441

7. CERTIFICATE OF STATE #631987
Appared for
Not Applicable

8. FEES: (1) Filing Fee - Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5b or \$4.50 blank, with a minimum filing fee of \$62.50 and a maximum of \$437.50.
(2) Supplemental Fee - \$138.75 (pursuant to section 607.183, F.S.)
Total amount due shall be no less than \$191.25 (\$62.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75).
If the amount entered in 5a is greater than amount entered in 5b, a supplemental amount must be submitted along with a checkable and appropriate filing fee.
Total amount payable to FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
**FILDES, RICHARD J., ESQ.
% LOWMEES, DROSDICK, DOSTER, KANTOR ET AL
215 N. EOLA DRIVE
ORLANDO FL 32801**

10. If changed, new Registered Agent, Office
Name
Street Address (P.O. Box Number is OK) **1000 N. ORLANDO AVENUE**
City, State & Zip **ORLANDO FL 32801**
City **FL**

10a. Pursuant to the provisions of sections 607.10(1) and 607.10(2) Florida Statutes, the above-named limited partnership organization or registered office of the State of Florida, subject to the provisions of the statute, is changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by a general partner(s) (hereby assent) and a majority of the limited partner(s) (hereby assent) and is subject to the provisions of sections 607.10(1) Florida Statutes.

11. Registered Agent Accepting Appointment DATE
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11a. Name(s) of General Partner(s)	11b. Address of Each General Partner (If Not Same, Give Office of Each Partner)	11c. City, State & Zip Code	11d. Registration Document Number
PICERNE DEVELOPMENT CORP	1000 N. ORLANDO AVENUE	WINTER PARK FL	G48246
PICERNE, ROBERT M.	1000 N. ORLANDO AVENUE	WINTER PARK FL	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I, the undersigned, certify that the information submitted in this filing is true and correct and that I am authorized to file this information on behalf of the partnership. I understand that the information submitted in this filing is subject to public inspection and that my signature on this filing shall constitute my consent to the filing of this information and that I shall be liable for the accuracy of the information submitted. I understand that the information submitted in this filing is subject to public inspection and that my signature on this filing shall constitute my consent to the filing of this information and that I shall be liable for the accuracy of the information submitted.

SIGNATURE Robert M. Picerne, General Partner
DATE **12/30/95**
(407)629-0600